



ADA CITIZEN/EMPLOYEE REQUEST FOR ACCOMMODATION

DATE _____

Person Requesting Accommodation _____

Address _____

Telephone _____

I am requesting accommodation because (check one):

() I am applying for employment and the accommodation is necessary to allow me to complete the application process.

() I am currently employed by Pickens County in the _____ Department. My job title is _____. I am requesting an accommodation in order to perform the essential functions of my job.

Describe the functional limitation(s) caused by your disability for which you are requesting the accommodation:

Describe an accommodation which you believe would assist you in the (a) application process or (b) performance of your job. Please be as specific as possible. In the event that you perceive alternative accommodations that may provide solutions, please include information as to all available options.

Signature of Person completing request: _____

Individuals with questions concerning Requesting for Reasonable Accommodation may contact the Pickens County ADA Coordinator, at Pickens County Human Resources Department, 864-898-5940.

222 McDaniel Ave B-14
Human Resource Department
Pickens, SC 29671
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Fax: (864)898-1873
Email: mikeh@co.pickens.sc.us