



MARTIN COUNTY BOCC REASONABLE ACCOMMODATION REQUEST FORM

Requestor Name: _____

Address, City, State, Zip Code: _____

Telephone: _____ Email: _____

1. I am requesting accommodation in:
 - a) I am requesting accommodation that will allow me to participate in a County offered program, activity or service.
Activity Name: _____
 - b) I am applying for employment. The accommodation requested will allow me to participate in the examination for (position title): _____
 - c) I am currently employed by the County and request a reasonable accommodation. My current job title is: _____

2. My specific functional limitation is: _____

The accommodation I am requesting is described below. (Describe the type of accommodation, including but not limited to equipment needed identifying the model number, cost, and where it can be obtained, etc. Please describe any accommodations needing for specific work site, examination site modifications, or specific job duties which may be restructured or shared to facilitate employment, participate in the examination or utilize a County program, activity or service.)

3. Describe how this accommodation will assist you. (Please attach additional sheets as necessary)
- _____

Certification

I certify that I have a disability or medication condition that requires a reasonable accommodation, which will be met by acquiring the equipment, services or work adjustments described above.

Signature _____

Date _____