ACCOMMODATION REQUEST

TO: City of Dearborn

FROM: _____
(Print your name)

POSITION APPLIED FOR: _____

I understand I am required under the Americans with Disabilities Act of 1990 and Section 210.18 of the Michigan Handicapper Civil Rights Act to notify an employer that I need an accommodation, within 182 days after June 25, 1990, or within 182 days I become aware of the need for accommodation. This request is to meet that notice requirement. Applicants must return this request to the Dearborn Human Resources Department along with application for employment or within one week prior to scheduled examination. Written documentation from a doctor, rehabilitation or independent living specialist, physical therapist or other professional with knowledge of the person's functional limitations may be required.

Describe type of accommodation needed below (do not disclose the nature of the disability):

_____ _____
Date Signature of employee or applicant

_____ _____
Date Received by: