



# City of San Marcos

## ADA Accommodation Request Form

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Department: \_\_\_\_\_ Work Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### **Functional Limitations(s):**

### **Accommodation (s) Requested:**

**Describe how this accommodation will assist you. Please attach additional sheets as necessary.**

**Employee Certification: I certify that I have a disability or medical condition that I believe requires reasonable accommodation under the Americans with Disabilities Act, which will be met by acquiring the equipment, services, or work adjustments as described above.**

**Signature:**

**Date:**