



ADA Reasonable Accommodation Request Form

Date: _____

Participant Name: _____

Phone: _____ Email: _____

Describe the nature, extent, and duration of your disability:

Describe the accommodations you believe are needed to enable you to attend a CCAoMN training event

Attach any supporting documentation that may be helpful in evaluating this request for accommodation (ex.: IEP, medical note)

I authorize the release of information regarding my disability to CCA of MN management as deemed necessary by human resources to facilitate this request for accommodation.

Employee signature: _____

Date: _____