

First Start Partnerships for Children and Families Reasonable Accommodation Request

Please complete the information below to file for a Reasonable Accommodation request. The request will be considered based on a disability, medical or religious need. You will be asked to submit documentation from a health care provider for medically related accommodations needed. Please complete the request form and return to kholtry@firststartpartnerships.org. The HR Director will email you the health care provider form to be completed, after receiving the request.

EMPLOYEE Info-

First Name:

Last Name:

Program/Position:

Job Location

(name of the building in which you work and classroom name location)

Email:

Preferred method of contact

Work phone:

Area Code XXX-XXXX

Preferred method of contact

Personal phone:

Area Code XXX-XXXX

Preferred method of contact

Supervisor

First Name:

Last Name:

Are you requesting a **reasonable** accommodation based on your underlying medical condition and/or disability?

- Yes
- No

Is the condition and/or disability temporary, permanent, or unknown?

If the condition and/or disability is temporary, what is the anticipated date you will no longer need the accommodation(s)?

____ / ____ / _____
MM DD YYYY

Please describe your request for accommodation or workplace adjustment.

Medical information received for requests due to an underlying medical condition and/or disability is confidential. It will only be shared as needed with the appropriate personnel who are involved in responding to the request for reasonable accommodation.

This is to acknowledge that I am requesting a reasonable accommodation based on my disability and/or underlying medical condition or religious beliefs. I agree to cooperate in good faith with FSP in responding to my request, including providing medical documentation, as needed. I understand that I may not be provided with my specific request and that FSP may consider my request in addition to those alternatives identified by FSP.

Signature:

I understand this is a legal representation of my signature.

Email the completed form to kholtry@firststartpartnerships.org