County of Marin

Employee Reasonable Accommodation Request Form

Human Resources Department

PMR 49 – Reasonable Accommodation

To: **Human Resources**

From: _____ **Dept:** _____

Job Title: _____ **Phone: (___)** _____

General. You are encouraged to contact the Human Resources Department to discuss your questions regarding accommodations. Your request will be given thorough consideration. The Human Resources Representative may discuss alternatives with you or contact you for additional information before reaching a decision. You will be informed, as soon as the Director of Human Resources has reached a decision.

1. I believe I am protected under this policy and disability laws because (check all that apply):

- ☐ I have a protected disability.
- ☐ I have a record of having a protected disability.
- ☐ I am regarded as having a protected disability.
- ☐ I have a relationship/association with an individual who has a protected disability (and therefore am protected from discrimination due to that relationship/association).

2. I need an accommodation (check all that apply):

- ☐ To perform essential job functions.
- ☐ To have the same benefits and privileges as all other employees.

3. What is the anticipated cost of the accommodations if known? _____
While Marin County will make every effort for an accommodation, in the event the County Administrator determines that this cost would be an undue hardship, are you willing to pay part of all of the cost of the accommodation? ☐ Yes ☐ No

4. Have you discussed your need for accommodation with your supervisor?
☐ Yes ☐ No

5. Please describe, below, as specifically as possible, the type(s) of accommodation(s) you are requesting. If necessary, attach additional sheets or use the back side of this form. If your request is related to the performance of job responsibilities, state the accommodation you request beside each job responsibility you list below.

PLEASE BE PREPARED TO PROVIDE DOCUMENTATION OF YOUR PROTECTED STATUS

Signature: _____ Date: _____