



## HOCKING VALLEY COMMUNITY RESIDENTIAL CENTER

111 West Twenty-Nine Drive  
Nelsonville, Ohio 45764

Telephone (740) 753-4400  
Fax (740) 753-4448

### Request for Reasonable Accommodation

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

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain.

Is your accommodation request time sensitive? If yes, please explain.

What, if any, job functions are you having difficulty performing?

What, if any, employment benefits are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation? If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide any additional information that might be useful in processing your accommodation request, for additional space feel free to use the reverse side of this sheet:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Return this form to the Executive Director, or Designee\***