



# Request for Reasonable Accommodation

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Central Office  District Work Location: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ BEST PHONE NUMBER TO REACH YOU: \_\_\_\_\_

I am requesting a reasonable accommodation under the Americans with Disabilities Act (ADA).

Please describe your limitation(s) due to your disability that affects the performance of your job:

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How do the limitations listed above affect your job?

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What specific accommodation are you requesting and why? How will that assist you?

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I believe the following alternate accommodation may also be effective:

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Is your accommodation time sensitive? If so, please explain.

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Have you had any accommodations in the past of the same nature? If so, please explain.

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Please provide any additional information that might be useful in processing your accommodation request.

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**Please note that additional information from your treating physician may be requested to evaluate your accommodation request.**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (75 Fed. Reg. 68934)

I certify that the above-information is true and correct and accurately reflects the condition for which I am making a reasonable accommodation.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Return form via mail, email or secure fax to:

**Kristina Scales, ADA/504 & Title VI Specialist**  
Division of Opportunity, Diversity & Inclusion  
Office of Equal Opportunity, Mail Stop #3270  
1980 West Broad Street, 2<sup>nd</sup> floor  
Columbus, OH 43223

[Kristina.Scales@dot.ohio.gov](mailto:Kristina.Scales@dot.ohio.gov)

(614) 887-4050 (secure fax)

(614) 466-5154 (phone)

or

**Sarah E. Wade, ADA/504 Program Manager**  
Division of Opportunity, Diversity & Inclusion  
Office of Equal Opportunity, Mail Stop #3270  
1980 West Broad Street, 2<sup>nd</sup> floor  
Columbus, OH 43223

[Sarah.Wade@dot.ohio.gov](mailto:Sarah.Wade@dot.ohio.gov)

(614) 887-4050 (secure fax)

(614) 466-3979 (phone)

**The following section is to be completed by OEO Staff Only:** Accommodation #: \_\_\_\_\_

- a. Accommodation: Approved  Denied  explanation: \_\_\_\_\_
- b. Describe Accommodation granted, including duration: \_\_\_\_\_  
\_\_\_\_\_
- c. Qualified Individual with a Disability  or Granted as Good Faith Employer   
Additional Info: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
OEO Staff Member Signature

