



RICHMOND PUBLIC SCHOOLS
301 North Ninth Street • Richmond, VA 23219-1927
Americans with Disabilities (ADA) Office
ADA Coordinator, Timothy Williams
Email: adarequest@rvaschools.net

ADA Employee Accommodation Request Form

This form is to be completed by the Employee

Your Name: _____
First MI Last RPS Employee ID #

Your Job Title: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Work Location: _____ Supervisor's Name: _____

Your Regular Work Schedule: _____

INSTRUCTIONS: Please print legibly or type on the document. Do not leave any spaces blank. Please use the back of the paper if you need additional room for responses to questions listed below.

1. Description of disability

2. How does the disability prevent you for performing the essential functions of your job duties and responsibilities?

3. I am requesting the following reasonable accommodation(s).



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4. Describe how the requested accommodation(s) will enable you to perform your duties and responsibilities.

5. Any additional comments that you believe may assist this office in evaluating your request for accommodation(s).

► Employee's Signature: _____ Date: ____/____/____

ADDITIONAL DOCUMENTATION WILL BE PROVIDED UPON COMPLETION OF THIS FORM.

Upon completion, please submit this form via mail or email to:

ADA Coordinator
301 North Ninth Street, 15th Floor
Richmond, Virginia 23219
Email: adarequest@rvaschools.net

For Official Office Use Only	
Date Received: _____	Received by: _____
Comments: _____ _____	