

TO: Anna Breidenbach, Compliance and Inclusion Manager
FROM NAME:
DEPARTMENT:
SUBJECT: REQUEST FOR REASONABLE MODIFICATION
DATE:

One of our employees received a request for a reasonable modification based on disability.

The request was In writing
 Oral
 By email
 Other Please explain:

The request was received by

Employee Name:

Job Title:

Request Date and Time:

The pertinent request information follows

Name of Citizen Making Request:

Address of Requestor:

Phone of Requestor:

Email of Requestor:

Program or Service for Which Request was Made: *(Please offer brief description, e.g., swim lessons, City Council meeting, Business Permitting)*

Modification Requested: (Check all that apply)

Extra staff assistance

Extra staff training

Change to rule or policy

Environment (light, sound, scents, etc.)

Other (please briefly describe request)

Adaptive equipment

Communication (sign language)

Assistive listening system

Behavior plan