

## Request For Reasonable Accomodation

If you are a qualified applicant for employment seeking a reasonable accommodation under the provisions of the Americans with Disabilities Act, please complete this form and return it to EduClasses.

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your email: \_\_\_\_\_

Title of the job position: \_\_\_\_\_

Name of Supervisor, if known: \_\_\_\_\_

Please identify the impairment(s) that you believe are affecting your ability to perform your duties or participate in the application and selection process.

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Please describe the accommodation(s) you are requesting as well as any alternative.

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Explain how the requested accommodation(s) will allow you to perform the essential functions of your job, or allow you to participate in the application and selection process:

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Are there any essential functions of the job that you will be unable to perform, or aspects of the selection process you will be unable to complete, with or without the requested accommodation(s)? Please explain.

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An individual's need for an accommodation may change over time as a result of changes in the individual's own level of disability or impairment, treatments available to mitigate a disability, changes in the job itself, or changes in work location. What qualifies as reasonable in one set of circumstances may not be reasonable or necessary in another. If and when circumstances change, it is your responsibility to notify your employer if you need, or continue to need, a reasonable accommodation.

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Signature

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Date

Mail to:  
EduClasses dba FHC  
1908 W Taylor St  
Sherman, TX 75092

