Request for Reasonable Accommodation
Documentation of Disability

To initiate a request for reasonable accommodation, please complete this form and forward to: Attn: Human Resources, Stark County Board of Commissioners, 110 Central Plaza South, Suite 240, Canton, Ohio 44702.

If you have any questions please call (330) 451-7925

EMPLOYEE INFORMATION	
Name:	Department:
Title:	Supervisor:
Work Phone:	Email:

ACCOMMODATION REQUEST INFORMATION: **(Attach any additional information you feel is necessary.)**
Describe the disability that impacts the performance of your job:
How does this disability affect your performance?
What is your recommended accommodation? (Please include alternative recommendations)

I agree to provide any further information or documentation as may be needed to evaluate my request, and I authorize the release of my medical information.

Signature:_____ Date:_____