

Request for Reasonable Accommodation (ADAAA)

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Agency/Dept: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Primary Email: \_\_\_\_\_

What limitation, impairment, or condition is interfering with your ability to participate in the testing or course? Describe the nature of the impairment:

Describe the extent to which the impairment limits your ability to participate in the testing or course as designed:

What accommodation(s) are you requesting? How will the requested accommodation(s) assist you?

Please provide any additional information you believe is necessary to evaluate the request. You may attach additional information if necessary:

I understand that this request **does not** entitle me to the accommodation which I am seeking, but will be helpful in determining the accommodation which best assists me and the agency. I understand that I may be required to provide additional medical documentation about my impairment and the requested accommodation(s). I further understand that the agency will maintain and use this information solely in evaluating my request. If additional assistance is requested to facilitate such participation, the requestor should contact our agency's ADA Liaison Mr. Don Coleman at (615) 741-0481 or at Don.Coleman@tn.gov.

\_\_\_\_\_  
Requestor or Representative's Signature