

REASONABLE ACCOMMODATION REQUEST FORM

The Tennessee Department of Transportation (TDOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by TDOT, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Margaret Zeman Mahler, ADA / Section 504 Coordinator at 615-741-4984, or the Tennessee Relay Service at 7-1-1.

Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____



Type(s) of Disability(ies):

* Please note, this information is not required and is voluntary.

Speech Hearing Visual
 Mobility Mental / Emotional Other: _____

1. What specific accommodation are you requesting? If known, please identify the source and cost for providing the accommodation(s). _____

2. If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore? _____

3. What limitation(s) are interfering with your ability to perform your job, access an employment benefit and/or any provided program, service or activity? _____

4. How do these limitations affect you and/or your job performance? _____

5. What specific job tasks are problematic because of these limitations? _____

6. If you are requesting a specific accommodation, how will that accommodation assist you? _____

Please attached and/or provide any additional information that might be useful in processing your accommodation request. The completed form must be submitted directly to the requestor's immediate supervisor.

Signature

Date