

Form Word:2305-1a - ADA REQUEST FOR REASONABLE ACCOMMODATION

Section:Americans With Disabilities Act (ADA)

Office/Department: Division of Human Resources

Reports To: Division of Admin/Gen Counsel

Contact: 404-631-1000

See [below](#).

4. What is the accommodation requested (e.g., equipment, schedule, modified workstation)? Be as specific as possible. Attach any available information/descriptions that will clarify the request.

Georgia Department of Transportation
ADA REQUEST FOR REASONABLE ACCOMMODATION

5. List any alternate solutions being considered.
6. List anyone else consulted about this request for accommodation, and attach any reports or assessments that have been prepared.

Employee Signature

Date

*Please submit this request to your supervisor or manager. The information you provide is **confidential** and will be used only in relation to this request.*

To be completed by the supervisor/manager receiving the request:

Date received from the employee: _____

Supervisor/Manager Name (printed)

Title

Signature

Telephone

Send completed form to the following address:

ADA Coordinator
Division of Human Resources
Georgia Department of Transportation
600 West Peachtree St.
Atlanta, GA 30308

CONFIDENTIAL FAX: 404-551-2719

References:

None.

History:

annual review: 03/20/24;

copied to GDOT Publications v.02.00.00: 04/03/12