



Reasonable Accommodation Request Form

Name: _____

AmeriCorps Program: _____

Position: _____

Contact Information: _____

Preferred Method of Communication: _____

Nature of Accommodation Requested: _____

Please describe the specific accommodation you are requesting and how it will assist you in performing the essential functions of your AmeriCorps service. Please provide any relevant medical or other supporting documentation.

I understand that it is my responsibility to provide accurate and complete information to support my request for reasonable accommodation. I also understand that providing false information may result in disciplinary action.

I agree to keep all information related to my reasonable accommodation request confidential and to only share it with appropriate personnel for the purpose of evaluating and providing accommodations.

Signature: _____

Date: _____