

Request for Reasonable Accommodation Under the Americans With Disabilities Act

To: _____, Supervisor

From: _____
[Print Employee's Name]

My doctor has not released me to return to work due to my medical condition, _____ . Under the authority of the Americans With Disabilities Act, I respectfully request a reasonable accommodation of ____ additional days / weeks to complete my recovery per my doctor's advice and prognosis.

[Employee's Signature]

Date

Communications Workers of America, Local _____, joins in this request on behalf of the above-named employee and represents the employee in this matter.

Printed Name of Union Representative

Union Position Title

Signature

Date