

## AMERICANS WITH DISABILITIES ACT (ADA) EMPLOYEE REQUEST FOR ACCOMMODATION

Davis School District  $\cdot$  45 E. State Street P.O. Box 588  $\cdot$  Farmington, UT 84025

NAME:		DATE OF REQUEST:	
SIGNATURE:		PHONE NUMBER:	
SCHOOL/DEPT:			
HOME STREET ADDRESS:			
CITY, STATE, ZIP:		_	
1.	Describe the nature of your impairment:		
2	Specifically, state the extent to which the impairment limits your abilit	ty to perform job functions, school	
	participation, and/or other life activities:	ty to perform job functions, sensor	
3.	Suggestions you have as possible accommodations the District should	consider:	