

**REQUEST FOR REASONABLE ACCOMMODATION FORM
FOR APPRENTICES**

Name of Individual Making the Request

Telephone No.

Date of Request

E-mail Address

ACCOMMODATION REQUESTED. (*Be as specific as possible, e.g. adaptive equipment, interpreter, schedule change*)

REASON FOR REQUEST AND DESCRIPTION OF DISABILITY (attach appropriate documentation):

If accommodation is time sensitive, please explain.

FUNCTIONS OF THE JOB OR ASPECTS OF THE PROGRAM THAT CANNOT BE PERFORMED WITHOUT ACCOMMODATIONS, OR OTHER BARRIER PREVENTING FULL ACCESS TO THE PROGRAM

Signature

FINAL RESOLUTION: (Describe details and attach all other documentation)

INDIVIDUAL'S ACKNOWLEDGMENT

I accept the accommodation(s) identified above and offered to me by the JATC/AJATC and agree that they are reasonable accommodations of my disability.

Individual Requesting Accommodation

Date