



Consultant Special Accommodation Request Form

Consultants may be or become disabled during the course of their employment with FITSI and be in need of special accommodations. Consultants with disabilities covered by the Americans with Disabilities Act (ADA) must complete this form and have an appropriate licensed professional complete the Documentation of Disability Related Needs Section. Once FITSI has received the proper documentation, they will consider the accommodations request.

Consultant Information:

Name: _____

Address: _____

City : _____ State : _____ Zip : _____

Home Phone: _____ Cell Phone: _____

Special Employment Accommodations:

I request the following accommodations in order to properly perform my job duties at FITSI. Please list requested accommodations here.

Consultant Signature: _____

Request accommodations from _____ to _____ (insert dates)

Approved _____ Denied _____ by _____ on _____

Documentation of Disability-Related Needs by Qualified Provider

This page must be completed by a licensed health care provider. The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, the specific accommodations requested and an accommodation start and end date must be included.

Professional Documentation

I, _____, have known

Health Care Provider Name

_____ since _____ in my capacity as a(n)

Applicant Name

Date

_____.

Professional Title

Nature of disability:

Please describe the nature of the Consultant's disability:

Identification of the disability:

Please list methods used to determine this disability (tests, exams etc)

Description of past recommended accommodations for this Consultant for this disability:

Requested accommodations:

The applicant discussed with me the nature of the job responsibilities and it is in my best professional opinion that he/she should be provided the following accommodations from _____ (start date) to _____ (end date).

Additional Comments:

Professional Name: _____

Signature: _____

Organization: _____

License # (if applicable) : _____

Phone Number : _____

Date: _____