



MECKLENBURG COUNTY
North Carolina

Accommodation Request Form

An individual can make either an oral or written request for accommodation. To request an accommodation, an individual may use "plain English" and does not need to mention the Rehabilitation Act or "reasonable accommodation." A family member, friend, health professional, or other representative may request a reasonable accommodation on behalf of an individual with a disability. An individual with a disability may request a reasonable accommodation at any time during the application process or during the period of employment. The request for a reasonable accommodation must be made for a reason related to a medical condition. Please direct any questions about completion of this form, including requests for alternative formats accessible to people with disabilities, to the designated Reasonable Accommodations Consultant in Human Resources HR.Compliance@mecklenburgCountyNC.gov.

1. Applicant / Employee's Name:

2. Applicant's / Employee's Telephone Number:

3. Date Requested Accommodation Needed:

4. Name of Requester (if different than Applicant / Employee):

5. Applicant's / Employee's Email Address:

6. Please advise of the accommodation you are requesting (please share your suggestions):

7. If accommodation is time sensitive, please explain:

8. Is this accommodation one you will need on a recurring basis?

Yes

No

9. What is the Applicant / Employee's preferred method of contact?

Phone

Email

10. Date:

Once Completed, please save it to your computer and email to to:

HR.Compliance@mecklenburgCountyNC.gov

or mail to:

HR Compliance
Mecklenburg County Human Resources
700 E. Fourth St, Suite 220
Charlotte, NC 28202