



Human Resources

10000 N. El Mirage Road, El Mirage AZ 85335

623-876-2949; Fax 623-876-4604; TDD 623-933-3258

www.elmirageaz.gov

CITY OF EL MIRAGE

REQUEST FOR ACCOMMODATION

DATE:

NAME:

ADDRESS:

PHONE:

CITY:

EMAIL:

ZIP CODE:

RECRUITMENT NO. / POSITION TITLE AFFECTED:

DATE DESIRED (if applicable):

DESCRIPTION OF ACCOMMODATION REQUESTED:

NATURE OF DISABILITY:

I hereby request the above accommodation and affirm that I am a qualified individual with a disability pursuant to the Americans with Disabilities Act.

Signature

Date

Please note that a certification of disability from a Physician may be requested.

HR USE ONLY
ACTION DATE:
INITIALS: