



ADA Accommodation Request Form

Introduction to Accommodations:

Advocates for Life Skills and Opportunity (ALSO) is committed to providing reasonable accommodations in the workplace. Reasonable accommodations may be requested for disability; limitations related to pregnancy, childbirth, or a related medical condition; medical condition not related to pregnancy or childbirth; religion; and domestic violence, sexual assault, stalking, or harassment.

In general, a reasonable accommodation means a change or adjustment to a job or work environment. Reasonable accommodations may be requested at any point of the employment process. This can include during recruitment, onboarding, training, discipline, a change in health or work environment, etc. Every request for a reasonable accommodation will be addressed fairly and respectfully and through an individualized assessment and interactive process. At times, depending on the particular circumstances at issue, ALSO may ask for additional information to document your request or to facilitate the interactive process.

Retaliating against an advocate or applicant for requesting or asking about an accommodation is prohibited, and suspected retaliation should be reported to Advocate Relations.

Advocates and applicants are encouraged to directly contact the Advocate Relations department to discuss their needs. This form is intended to assist in the interactive process and in tracking reasonable accommodation requests. Any advocate or applicant has the option to start their request by completing and submitting this form. All written requests for accommodations will receive a written acknowledgment within seven (7) calendar days, and all requests will be reviewed and responded to in a timely manner. To submit this form please send to the Advocate Relations Manager, Melissa Littlefield, at melissal@alsoweb.org. Advocates and applicants may also contact their manager/hiring manager to discuss their needs. Managers will then assist in connecting the advocate or applicant to the Advocate Relations Department.



To be completed by the advocate or applicant: Please type or print clearly. Attach additional sheets if necessary. If you need help completing this form, please contact the ADA Coordinator for assistance.

Preferred Name Pronouns (optional):	Last:	Phone Number:
	First:	Email:

1. What accommodation are you requesting? For example, what type of equipment, technology, support, scheduling, or other workplace modification(s) are you requesting? Note that information about the workplace modifications you are requesting may need to be shared with your manager.
2. Please check the type of accommodation you are requesting and provide additional information as indicated. The specific details about your disability; limitation related to pregnancy, childbirth, or other medical condition; religion; or sexual assault, domestic violence, harassment, or stalking situation will not be shared with your manager and will be kept confidential by Advocate Relations.

Disability (please identify and describe the disability that is related to your accommodation request):

Limitation related to pregnancy, childbirth, or a related medical condition (please describe):

Other medical condition (please describe):