

Americans with Disabilities Act (ADA) Request for Reasonable Accommodation

Individuals with a qualified disability are protected against discrimination by the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA). To be considered as having a qualified disability you must be significantly restricted in the ability to perform either a class of jobs or a broad range of jobs.

To be eligible for an accommodation you must have a qualified disability. An individual is considered to have a disability if that person has:

1. A physical impairment, mental impairment, or medical condition that limits one or more major life activities (e.g., walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself, sitting, standing, lifting, reading, and working).
2. A record of such impairment (e.g., a history of having had an impairment caused by cancer though you currently do not have the impairment and may be free of cancer).
3. Is regarded as having such impairment.

The ADA and FEHA does not require employers to hire or promote unqualified or lesser qualified individuals. All individuals must be able to perform the essential functions of the job and meet the educational and experience prerequisites for that position. Employers are free to determine the standards of proficiency or productivity associated with performing the essential functions of the job and to select the most qualified individuals.

Identifying a reasonable accommodation is a cooperative process that will be evaluated individually. Inquiries regarding accommodations can be made to the ADA Coordinator or by completing a Reasonable Accommodation form.

**ADA Coordinator
Los Angeles County Sheriff's Department
Bureau of Labor Relations and Compliance
211 W. Temple Street, 5th Floor
Los Angeles, CA 90012
E-mail: bocadacomp@lasd.org
Phone: (213) 229-1621
TTY: (213) 626-0251**

Los Angeles County Sheriff's Department

Americans with Disabilities Act (ADA) Request for Reasonable Accommodation

Last Name	First Name	MI	
Home Address	City	State	Zip
Phone	TTY:	Email Address:	

Describe the impairment and how it limits one or more major life activities. *(Additional sheet if necessary)*

Describe the type of accommodation requested. *(Additional sheet if necessary)*

All requests for accommodations will be evaluated individually. You may be asked to provide the name, address, and phone number of a qualified professional who can verify your impairment and the need for the accommodation.

Signature: _____

Date: _____

Please complete and forward one copy for evaluation to:

ADA Coordinator, Bureau of Labor Relations and Compliance, 4700 Ramona Blvd., Rm 234, Monterey Park CA, 91754, Phone (323) 526-5671,
E-mail: bocadacomp.lasd.org

Rec=d by _____ Phone _____ Date _____

Examination Title _____
(If Applicable)

Accommodation Recommended Yes No Authorized by _____ Date _____

SH-AD 679 (8/15)

This Notice and Related Materials Are Available in Alternate Format.