

Jefferson County

Human Resources Department/Equity & Inclusion Division

**Response to Verbal Request for Reasonable Accommodation  
Form**



Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dear \_\_\_\_\_:

This is in response to your verbal request for a reasonable accommodation. On \_\_\_\_\_ {date}, you informed \_\_\_\_\_ {individual's name, title} that you may qualify under the Americans with Disabilities Act (ADA) for a reasonable accommodation. The County has an interactive process in order to assist with requesting, documenting, and potentially providing an accommodation. Please complete the attached **Request for a Reasonable Accommodation** and return it to the Human Resources Department/Equity & Inclusion Division by close of business on \_\_\_\_\_ {date}.

If you have any questions regarding this process, please do not hesitate to contact me at \_\_\_\_\_ (phone) or \_\_\_\_\_ (email).

Sincerely,

\_\_\_\_\_  
(Name, Title)

Equity & Inclusion Division