PLYMOUTH COMMUNITY SCHOOL CORPORATION STAFF REQUEST FOR REASONABLE ACCOMMODATION (504/ADA)

	DATE
NAME	PHONE
POSITION	SUPERVISOR
DESCRIPTION OF DISABILITY	
ACCOMMODATION REQUESTED	
ACCESS TO FACILITY OR PROGRAM:	
JOB RESTRUCTURING/MODIFICATIO	N
	• •
EQUIPMENT	
OTHER	
SIGNATURE of STAFF MEMBER	

SIGNATURE of ATTENDING PHYSICIAN