DIOCESE OF CHARLOTTE PASTORAL CENTER
HUMAN RESOURCES

AMERICANS WITH DISABILITIES ACCOMMODATION REQUEST FORM

The Diocese of Charlotte is committed to compliance with all requirements of the Americans with Disabilities Act (ADA) of 1990 as amended and similar State laws which prohibit discrimination against qualified individuals with disabilities in all employment practices and employment-related activities. The diocese will reasonably accommodate the disabilities of qualified applicants or employees covered by the ADA unless doing so would impose an undue hardship on the diocese or if the individual poses a direct threat to themselves or others in the workplace that cannot be eliminated through reasonable accommodation. In addition, the diocese will not tolerate discrimination against qualified individuals with disabilities in its operation.

If you are a qualified applicant or employee with a disability and would like to make a request for reasonable accommodation, contact the Director of Human Resources at 704-370-6299. You should complete this Americans with Disabilities Accommodation Request form and give it to Human Resources. If you require help in completing the form, you may ask your supervisor or Human Resources for assistance. If you do not complete the form yourself, you should sign the form in the appropriate place and have the person that completed it sign in the appropriate place. This request form is a confidential medical form and will be kept separately from your personnel file. It is the duty of any employee or applicant to inform the diocese of any disability and make a request for accommodation.

Employee Name:	**Date Requested:**
Job Title:	**Location/Department:**
1. What is your disability? (e.g. visual impairment, mental impairment, physical impairment, etc.)	
2. How does your disability affect your ability to perform you assigned job duties? Please describe the specific job function(s) that you are unable to perform or you are limited to perform due to your disability and why.	
3. What reasonable accommodation(s) are you requesting?	

Employee requesting ADA accommodation:

_____

Print Name Signature Date

Person completing this form if different than that of Employee requesting ADA accommodation:

_____

Print Name Signature Date

Please provide this completed form to Human Resources. If additional space is needed, please use the back of this form and/or additional sheets as necessary.