

**PIMA COUNTY  
ADA INTAKE SHEET  
Employee Self-Referral**

<b>Date:</b>		<b>EIN:</b>	
<b>Name:</b>		<b>Date of Hire:</b>	
<b>Home Address:</b>		<b>Job Classification:</b>	
<b>City:</b>		<b>Department:</b>	
<b>State:</b>	<b>Zip Code:</b>	<b>Supervisor Name:</b>	
<b>Home Phone:</b>		<b>Supervisor Phone:</b>	
<b>Cell Phone</b>		<b>Work Phone:</b>	

1. **Your medical condition.** Please describe any medical condition, disabling condition or other condition that limits your activities and causes your difficulty at work.
  
2. **How you are affected.** How do these limitations affect you and your job performance?
  
3. **Your duties at work.** What specific job tasks are more difficult to perform as a result of these limitations?
  
4. **Discussion with your Department.** Have you discussed with your Department the need for an (ADA) accommodation? If so, what was the result, if any?
  
5. **Reasonable accommodation.** What changes to your job duties or work environment do you think will help you perform your work despite the medical condition you described above?

PLEASE FAX COMPLETED FORM TO (520) 724-8253 (ATTN: ADA COORDINATOR)  
OR MAIL TO ADA COORDINATOR, 150 W. CONGRESS ST, 4<sup>TH</sup> FLOOR, TUCSON, AZ 85701