



PIMA COUNTY

HUMAN RESOURCES

150 West Congress, 4th Floor | Tucson, Arizona 85701

AMERICANS WITH DISABILITIES ACT

REQUEST FOR USE OF SMALL PERSONAL ELECTRICAL APPLIANCE

PERSON MAKING REQUEST: Employee Appointing Authority or Designee

Employee Information:	EIN:	Date of Hire:
NAME OF EMPLOYEE:		
DEPARTMENT:		
EMPLOYEE TITLE:		
WORK EMAIL ADDRESS:		
WORK PHONE NUMBER:		
EMPLOYEE MAILING ADDRESS:		

PLEASE DESCRIBE THE REASON(S) FOR THIS REQUEST. DO NOT INCLUDE ANY DIAGNOSTIC INFORMATION OR OTHER REFERENCE TO THE MEDICAL CONDITION BECAUSE MEDICAL INFORMATION IS CONFIDENTIAL. PLEASE IDENTIFY ANY SYMPTOMS CAUSED BY THE MEDICAL CONDITION THAT REQUIRE USE OF THE DEVICE AND EXPLAIN HOW USE OF THE DEVICE WILL HELP ALLEVIATE THE SYMPTOMS AND IMPROVE THE EMPLOYEE'S PERFORMANCE. (EXAMPLE: DIFFICULTY TYPING IN COLD TEMPERATURES, DIFFICULTY CONCENTRATING IN WARM TEMPERATURES, NEED TO STORE CONTROLLED MEDICATION, ETC.)

PLEASE DESCRIBE THE APPLIANCE:

PLEASE EXPLAIN THE REASON IT IS NEEDED:

(The Employee Must Provide Separate Signed Medical Documentation to the ADA Coordinator.)

Signature:

Date:

Employee or Appointing Authority/Designee

- PLEASE FAX THE COMPLETED FORM TO: 520-724-8253, OR
- MAIL TO: ADA COORDINATOR, 150 WEST CONGRESS STREET, 4TH FLOOR, TUCSON, AZ, 85701