Job Accommodation Form

Individual's Name:_____

Employer (Business name): _____

List all Accommodation(s) and Result(s). Explain whether the Accommodation(s) worked or if changes were required.

The Job Accommodation Network (JAN) provides free, confidential technical assistance about job accommodations. Visit them online at https://askjan.org/links/about.htm. Or visit the Americans with Disabilities Act website at https://www.ada.gov/ for further guidance.

Accommodation 1 / Implementation Results:

Accommodation 2 / Implementation Results:

Accommodation 3 / Implementation Results:

Accommodation 4 / Implementation Results:

EC Name: _____   Date:_____