



236 Grand Street
Waterbury, CT 06702

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The City of Waterbury
Connecticut
Department of Human Resources
Office of the Civil Service Commission

SUBJECT: Form RA-1, Request for Reasonable Accommodations

1. Identifying Information

Date of Request: _____

Name: _____

Address: _____

City, State, Zip _____

Telephone Number: _____

Job Title: _____

Department: _____

Supervisor: _____

2. Accommodation Requested (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, job or equipment modification and etc.)

3. Reason for Request (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, job or equipment modification and etc.)

Nature of Impairment:

Major Life Activity Affected:

Extent or Degree of Limitation to Major Life Activity:

Mitigating Devices or Drugs:

Essential Functions Requiring Accommodation(s):

4. If accommodation is time sensitive, please explain

Note: All requests for reasonable accommodations must be submitted in writing along with appropriate substantiating documentation.