



Boston Housing Authority
52 Chauncy Street
Boston, Massachusetts 02111-02375

617-988-4000
TDD 1-800-545-1833 Ext. 420

(THIS INFORMATION IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST)

**EMPLOYEE/JOB APPLICANT REQUEST FOR REASONABLE
ACCOMMODATION**

NAME: _____ **TITLE:** _____

ADDRESS: _____

PHONE: _____

1. I have a disability as defined below:

A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such an impairment.

2. As a result of this disability, I am requesting the following employment reasonable accommodation (Please check one or more boxes below):

A change in the structure of my workday or workspace. Please specify:

A change in the following rule, policy or procedure. (Note that a change in how to meet job duties may be requested, but essential job functions must be met.) Please specify:

Other (for example, a change in the way the BHA communicates with me). Please specify:



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3. This request for reasonable accommodation is necessary so that I can: (please specify)

4. I authorize the Boston Housing Authority to verify that I have a disability as stated above and have the need for the employee reasonable accommodation I have requested. In order to verify this information the BHA may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, non-medical service agency whose function is to provide services to the disabled, or other expert in the field of your need. (Verification may be presented directly to the BHA.)

Name: _____

Title of professional or expert: _____

Agency, Facility or Institution (if any): _____

Address: _____

Telephone: _____

I understand that the information obtained by the BHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request. Please return this form as promptly as possible so that the BHA may make a determination on this request.

Signed: _____

[Employee/Job Applicant or Authorized Representative]

Date: _____

Witness: _____

Date: _____

**If on behalf of a minor child, please indicate whether you are the parent or guardian.*