



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
Americans with Disabilities Act (ADA)  
Request for Reasonable Accommodation  
DJJ Employee**

Date of Request: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Office/Facility/Program Name: \_\_\_\_\_

Office/Facility/Program Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employee's Supervisor Name: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_

Disability(ies): \_\_\_\_\_

Limitation(s) identified:

Accommodation(s) requested:

Accommodation(s) granted:

Signatures:

\_\_\_\_\_

Employee

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Date

\_\_\_\_\_

Human Resources Bureau Chief

\_\_\_\_\_

Date