



South Dakota Science & Technology Authority
REASONABLE ACCOMMODATION REQUEST FORM

To: (Department Head)
From: (Name of person requesting accommodation)
Address: Street Apt. # City State Zip
Telephone: ()

REQUEST FOR REASONABLE ACCOMMODATION

- 1. I am requesting accommodation because (circle one): A or B or C
(A) I am requesting accommodation that will allow me to participate in an SDSTA offered program, activity or service. Activity name:
(B) I am applying for employment. The accommodation requested will allow me to participate in the examination for (position title):
(C) I am currently employed by the SDSTA and request a reasonable accommodation. My current job title is:
2. My specific functional limitation is: The accommodation I am requesting is described below.
3. Describe how this accommodation will assist you. Please attach additional sheets as necessary

EMPLOYEE CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

Signature: (Date)