LUCAS COUNTY

Board of Lucas County Commissioners
Department of Human Resources

REQUEST FOR ACCOMMODATION

Name: _____ Title: _____

Department: _____ Location: _____

Office Phone: _____ Work Email: _____

Request

Date: _____ Medically Diagnosed Condition: _____

Need (check one):

☐ Application Process ☐ Performing Job Functions or Accessing Work Environment

☐ Accessing Benefit or Privilege (e.g., attending a training program or networking event)

☐ Personal Assistance Services ☐ Other (explain below)

Type (e.g., adaptive equipment, staff assistance, removal of architectural barrier):

Reason (if accommodation is time sensitive, please explain):

Treating Physician

Name: _____

Phone: _____

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I hereby authorize the above-named physician to provide my employer, the Board of Lucas County Commissioners, with all medical information relating specifically to the health condition I have disclosed above as necessary for the employer to determine the need for an accommodation.

I understand that I have a right to revoke this authorization at any time by notifying the Department of Human Resources in writing (One Government Center, Suite 450, Toledo, OH 43604). I understand that the revocation is only effective after it has been received by the Department of Human Resources. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

I understand that this authorization will expire one (1) year from the date signed or when my employment with the Lucas County Board of Commissioners ceases, whichever occurs first.

_____ _____

Signature Date