

St. Louis Agency on Training and Employment
Missouri Job Center
Accommodation Request Form

Please complete this form as part of your request for an accommodation. Submit this document directly to the Equal Opportunity Officer, along with medical documentation to support your request. If there is not enough space on this document, attach pages as needed. For questions, please contact the Equal Opportunity Officer.

If you are a member of the public seeking Workforce Investment Opportunity Act (WIOA) services, or any other services at a Missouri Career Center or affiliate site, please provide the following information:

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| Name: | |
| Date of birth: | |
| Address: | |
| Phone Number: | |
| Email address: | |
| Location of WIA Service Provider: | |

If you are an employee of The Office of Job Training Programs or one of its contractors, please provide the following Employee Information:

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|---------------------------|--|
| Name: | |
| Job Title: | |
| Division: | |
| Work Location: | |
| Supervisor's Name: | |

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected? Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking or sitting. This list is not exhaustive.

2. Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

3. Describe the accommodation you are requesting.

7. Please provide as much information about your requested accommodation, to include vendor or model number and approximate cost of any equipment requested. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.

8. Identify the names and addresses of physicians, therapists, psychologists or other healthcare providers who have information or documentation concerning your disability and/or your need for an accommodation.

Funding For Accommodations

Funding for accommodations that do not cause an undue hardship must be agreed to and approved by the Executive Director.

Employees Appeal Process

Employees/Customers who are dissatisfied with the decision(s) pertaining to his/her accommodation request may file an appeal with the Equal Opportunity Officer within 30 days of the decision for a final decision.

The Accommodation Request Appeal form may be found at <http://intra.ded.state.mo.us/index.cfm> or by contacting the Local Equal Opportunity Officer at 314-657-3567.

If the employee/customer believes the decision is based on discriminatory reasons, they may file a complaint through the Workforce Development Board's complaint procedure or with the State Equal Opportunity Officer.

Contact Information

James Sahaida
Equal Opportunity Officer
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St. Louis, Missouri 63103-2634
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Email: jsahaida@stlworks.com