



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

Date of Request: _____

Name of Applicant: _____

Name of Agency Hiring Authority: _____

Telephone Number of Agency Hiring Authority: _____

Office/Facility/Program Name: _____

Office/Facility/Program Address: _____

City: _____ State: _____ Zip Code: _____

Accommodation(s) requested:

Accommodations approved: Yes No

Accommodation(s) granted:

Signatures:

Applicant

Date

Supervisor

Date

Human Resources Bureau Chief

Date