JOINT PORT LABOR RELATIONS COMMITTEE

LOS ANGELES AND LONG BEACH HARBORS
P.O. BOX 21618
LONG BEACH, CA 90801

REQUEST FOR REASONABLE ACCOMMODATION

Applicant/ Employee Name: _____

Address: _____

City, State ZIP: _____

Registration Number / Identified Casual Number (if any): _____

Local (if any): _____

> Please bring this completed form with you to the initial hearing before the JPLRC on your request for accommodation under ILWU-PMA ADA Policy.

(use additional paper if necessary)

1. Describe the precise limitations you believe your claimed disability impose on your ability to perform the job for which you have applied or hold:

_____

_____

_____

_____

2. List any information and/or suggestions regarding accommodation(s) you believe would eliminate the limitations described in 1 above:

_____

_____

_____

_____

3. Attach medical documentation along with any other information you believe is relevant to the accommodation request and would assist the Committee in reaching a decision.

I understand and agree that in the course of addressing my request for reasonable accommodation, the JPLRC may wish to consult with a designated Medical Specialist who, in turn, may wish to copy and review medical records from my health care practitioner(s) related to my claimed disability and request for reasonable accommodation. If the JPLRC decides that it wishes to do so, I understand that the JPLRC will ask me to sign a limited release authorizing my health care practitioner(s) to release relevant medical records to the Medical Specialist for inspection and copying and authorizing the Medical Specialist to report his/her findings and conclusions to the JPLRC. I understand that my failure or refusal to sign such a release, if requested, may have an effect on the decision the JPLRC reaches on my request because the JPLRC may not have all of the information it needs to make a decision on my request. By signing and returning this Request form, I consent to examination by the Medical Specialist and to the report by the Medical Specialist of his/her findings and conclusions to the JPLRC.

_____ Dated _____
Employee/Applicant Signature

_____
Employee/Applicant Name (Printed)

> Office Use Only:
> Date Received by JPLRC: _____
> Notice of Acknowledgment Sent: _____
> Initials: _____