



State of New Jersey
[Facility's/Division's Name]
P.O. BOX [Insert]
[Insert facility/division address]

ACKNOWLEDGEMENT OF REASONABLE ACCOMMODATION REQUEST

[DATE]

[Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip]

RE: [Name of Individual Requesting Accommodation]

Dear [Employee Name],

This letter serves as an acknowledgement that your request for a reasonable accommodation has been received. As a part of the interactive process, and in order to determine whether an accommodation may be required to permit you to perform the essential functions of your job, we ask that you provide us with the appropriate medical documentation to support your request.

Please provide us with the following information from your physician as soon as possible, but no later than fifteen (15) business days from receipt of this letter *[list only those that apply]*:

1. Diagnosis of medical condition and/or disability
2. Nature and severity of symptoms
3. Proposed course of treatment
4. Prognosis as to duration of condition
5. Physician's opinion as to whether the condition precludes you from performing the essential functions of your job and, if so, his or her opinion as to the nature and duration of such limitations(s).
6. Physicians recommendations for accommodation and/restrictions, if applicable.

I have also enclosed an ADA Authorization for the Release of Health Information, which will allow us to obtain information from your physician, if needed. Please complete and return the completed form back to me.

Thank you for your anticipated prompt response to this request.

Regards,

ADA Coordinator