



## Americans with Disabilities Act Request for Reasonable Accommodation

Appropriate medical documentation is necessary to determine your eligibility for an ADA accommodation. Therefore, you must provide the following to Amtrak Medical Services:

- This form, completed and signed.
- All relevant medical records which pertain to the reason you are requesting an ADA accommodation.
- A narrative statement of medical facts prepared by your health care provider.

Please note that failure to submit any of these documents may result in a delay in the processing or denial of your request.

Name:	SAP No.:	Date:
E-mail Address:		
If no e-mail address, or correspondence by mail is preferred, please provide Home Street Address:		
City:	State:	Zip:
Home/Cell Telephone:	Work Telephone:	

**Applicant for Employment: Complete this Section if you are applying for employment with Amtrak.**

Title of Job for which you are applying:
Location of Job for which you are applying:
Description of Accommodation requested ( <i>Attach additional sheets if necessary</i> ):

**Current Amtrak Employee: Complete this Section if you are currently employed by Amtrak.**

What is your most recent work date?	
Job Title:	Current Job Schedule:
Department:	Location:
Supervisor's Name:	Supervisor's Telephone:
Description of Accommodation Requested ( <i>Attach additional sheets if necessary</i> ):	
Describe your disability. Explain how it affects your ability to perform the job for which you are requesting an ADA accommodation and how the accommodation will aid you in your performance. Attach additional sheets if necessary.	
Requestor's Signature:	Date:

Email completed form and supporting documentation to: [MedicalServices@amtrak.com](mailto:MedicalServices@amtrak.com), fax to 215-349-4401, or mail to Amtrak Medical Services, 2955 Market St., 30<sup>th</sup> St. Station, Box 67, Philadelphia PA 19104.