Merchant Lynx Services – Human Resources Division
348 Hiatt Drive, Palm Beach Gardens, FL 33418
hr@merchantlynx.com

ADA REASONABLE ACCOMMODATION REQUEST

Date: Employee's Name: Job title:

Department: Supervisor's name: Your Phone

Your Email:

1. Is this a medical accommodation ☐ or a comfort accommodation ☐? Check One
   Describe the nature, extent of your accommodation needs(s):
2. Describe the accommodations you believe are needed to perform the essential functions of your job:
3. Provide the name, telephone number of your health care provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

Name Phone

Email Address

☐ I authorize the release of information regarding my disability to Merchant Lynx Services management as deemed necessary by human resources to facilitate this request for accommodation.

Employee signature: **Date:**

Human Resources or IT will provide you with a response to your request within 5 business days or sooner.
Feel free to contact IT or HR depending on how this request was made, if you have not received a response within 5 business days from the date of this request.