

ADA Amended Act of 1990

I have read and been informed about the content, requirements, and expectations of the ADA Amended Act of 1990 for employees at the City of Windcrest. I may request a copy of the amendment from Human Resources and agree to abide by the amendment as a condition of my employment and my continuing employment at the City of Windcrest.

I understand that if I have questions, at any time, regarding the ADA Amended Act of 1990, I will consult with my immediate supervisor or Human Resource.

Employee Signature: _____

Employee Name: _____

Date: _____