REASONABLE ACCOMMODATION INFORMATION REPORT

Form Completed by Compliance Officer. Attach copies of all documents obtained or developed in processing this request

Date of Request: _____

Name of Employee/Requestor: _____

Position Title: _____ Work Phone: _____Home Phone: _____

Office/Work Location: _____

Reasonable accommodation needed for (check one):

( ) Application Process
( ) Performing job functions or accessing the work environment
( ) Accessing a benefit or privilege of employment (e.g., attending a training program or special event)

Explain the medical information and documents required to process this request.

_____

_____

_____

Types of reasonable accommodations requested. _____

_____

Sources of technical assistance, if any, consulted to identify possible reasonable accommodations. _____

_____

Reasonable accommodation (check one)

( ) Approved Date: _____
( ) Denied Date: _____
(If denied, attach copy of Attachment 4)

If approved, types of reasonable accommodation provided (if different from what was requested). _____

_____

_____

Date reasonable accommodation provided: _____

If time limits outlined in the reasonable accommodation procedures were not met, explain why.

_____

_____

Completed by:_____ Telephone Number: _____