

# Reasonable Accommodation Request Form

Name: \_\_\_\_\_  
First Name M.I. Last Name

Official Class Title:

Position Number:

Division/Work Unit:

Work Address:

Work Phone Number:

The information below and/or any documentation regarding your disability and/or your request for accommodation is strictly confidential and will not be released except as provided by the Americans With Disabilities Act.

As a qualified person with a disability, I request the following accommodation, which I feel, will enable me to effectively perform the essential functions of my job.

Accommodation(s) requested:

I hereby authorize my Agency management to verify this request, and, if additional information/documentation is required, I will provide it in a timely manner.

Applicant Signature

Date

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For Agency Use Only

Approved  Denied

Comments/Explanation:

By: \_\_\_\_\_ Date: