

REASONABLE ACCOMMODATION INFORMATION REPORT

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

Date of Request: _____

Name of Employee/Applicant: _____

Position Title: _____ Work 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 accommodation 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: _____