



REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Attach Copies of All Document Developed or Obtained in Processing This Request

Requestor's Name	Requestor's Office
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Reasonable Accommodation *(check one)*

Approved *(Whether it is what was originally requested or an alternative)*

Denied *(Attach copy of the "Resolution of Reasonable Accommodation Request" form)*

Date of Original Request	Person Receiving Original Request
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Date Request Referred to Disability Program Manager *(If applicable)*

Determined that individual: *(check one)*

does have a disability as defined by the Rehabilitation Act

does not have a disability as defined by the Rehabilitation Act

no disability determination made

Date Accommodation Approved or Denied	Date Reasonable Accommodation Made <i>(if different from approval date)</i>
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If Time Frames Outlined in Procedures Were Not Met, Explain

Position Held or Desired by Individual Requesting Reasonable Accommodation *(incl. occupational series, grade, office)*

Reasonable Accommodation Required 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 social event)*

Type(s) of Reasonable Accommodation Requested *(e.g. adaptive equipment, staff assistance, removal of architectural barrier)*

Type(s) of Reasonable Accommodation Provided *(if different form requested)*

Cost of Accommodation Provided

Was Medical Information Required to Process This Request *(if yes, explain)*

Sources of Technical Assistance, if any, Consulted in Trying to Identify Possible Reasonable Accommodations *(e.g. Job Accommodation Network, disability organization, Disability Program Manager)*

Comments

Submitted By

Phone

Attach any documentation associated with this request