

General Instructions

This form is meant to simplify the processing and recording of requests for accommodations. Requests for reasonable accommodation are confidential.

REQUEST FOR ACCOMMODATION form (optional)

General Information: To be completed by employee or applicant making request.

Department of: Enter the name of the department this request is made at.

Date of Request: Enter the date this application for request is made.

I am an: Check only one. Employee includes new appointee or applicant which has accepted an offer of employment.

Requester's Name: Self explanatory. Enter the name the requester is using for employment with the State.

Class of Work or Position Title and Level: If an employee enter information on position held else if an applicant enter information on the position you are applying for.

Division/Section/Unit: Enter only if employee of the State.

Worksite Address: Enter only if employee of the State.

Worksite/Day Phone: If an employee enters worksite phone number else applicant enter phone number we can contact you during the day.

Application: To be completed by employee or applicant making request.

- 1. **Requesting accommodation(s):** Describe what requester believes is needed.
- 2. **Reasons:** Describe the disability and functional limitations that make this request necessary.

Requester's Signature: Self explanatory.

Date: Enter the date application is signed.

Determination: To be completed by the Appointing Authority of the Department receiving the request.

Date of Request: Enter date of signature.

Approved/Disapproved: Check one only.

Accommodations provided: If approved, enter accommodation to be provided.

Reason(s) Denied: Enter reasons request denied. Be specific.

Telephone/ext.: Enter appointing authority's voice and TTY phone number, as appropriate.

Appointing Authority's Signature: Self explanatory. (Signature of supervisor or higher level designee as specified by department head.)

Date: Enter date of appointing authority's signature of action.

FOR INTERNAL USE ONLY

Submit for internal action only if request is unreasonable or presents a hardship on the employer.

FOR INTERNAL USE ONLY

Date Request Received: _____

Final Decision: _____

Action Taken: _____ Date of Final Decision: _____

Comments: _____

Examiner/Supervisor's Name: _____ Date Notice Sent: _____