REQUEST FOR ACCOMMODATION (Confidential) DEPARTMENT OF _____

	Date of Request
Please Check One:	I am an ☐ Applicant ☐ Employee
Requester's Name:	
Class of Work or Position	on Title and Level:
Division/Section/Unit:	
	Worksite/Day Phone:
I am requesting the	APPLICATION (Application to be completed by employee/applicant) e following accommodation(s):
1. I am requesting the	tonowing accommodation(s).
2. It is necessary for	me to have this accommodation for the following reasons:
	Date
_	DETERMINATION
Your req	uest of for an accommodation has been: Date of Request
_ Approved	ACCOMMODATION(S) PROVIDED:
_ Disapproved	REASON(S) DENIED:
(10) business days of the Please call me at	determination, you may present additional information to me within tene date that this determination is made to further substantiate your request. to discuss the above decision.
Appointing Authority's Sign	Date RA-1

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

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 I	NTERNAL USE ONLY	
Date Request Received:		
Action Taken:		
Examiner/Supervisor's Name:	Date Notice Sent:	

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