REQUEST FOR REASONABLE ACCOMMODATION

INFORMATION ON REQUESTOR

NAME	OCCUPATIONAL SERIES, GRADE LEVEL	OFFICE *(include correspondence symbol)*

TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

REQUEST

DATE	NEED *(Check one)*
	☐ APPLICATION PROCESS ☐ PERFORMING JOB FUNCTIONS OR ACCESSING WORK ENVIRONMENT ☐ ACCESSING A BENEFIT OR PRIVILEGE *(e.g., attending a training program or social event)* ☐ PERSONAL ASSISTANCE SERVICES

TYPE(S) *(e.g., adaptive equipment, staff assistant, removal of architectural barrier)*

REASON(S) *(if accommodation is time sensitive, please explain)*

SIGNATURE OF REQUESTOR	DATE