REQUEST FOR REASONABLE ACCOMMODATION

NAME ___________________________________ TELEPHONE NUMBER ______________________________

ADDRESS ____________________________________________________________

POSITION ___________________________________ IMMEDIATE SUPERVISOR ______________________________

DESCRIPTION OF DISABILITY: __________________________________________________

WHEN ACCOMMODATION NEEDED: __________________________________________________

ACCOMMODATION REQUESTED:

A. Access to facility, program or activity (Indicate how access or participation can be accomplished): __________________________________________________

B. Job restructuring/modification: __________________________________________________

C. Purchase or modification of equipment: __________________________________________

D. Work related personal accommodation: __________________________________________

E. Other: __________________________________________________________________

ADDITIONAL INFORMATION: __________________________________________________

SIGNATURE ______________________________ DATE ______________________________

10/08

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