

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