
CONFIRMATION OF REASONABLE ACCOMMODATION

INFORMATION ON REQUESTOR

NAME	OCCUPATIONAL SERIES, GRADE LEVEL	OFFICE <i>(Include correspondence symbol)</i>
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

REQUEST

DATE	NEED <i>(Check one)</i> <input type="checkbox"/> APPLICATION PROCESS <input type="checkbox"/> PERFORMING JOB FUNCTIONS OR ACCESSING WORK ENVIRONMENT <input type="checkbox"/> ACCESSING A BENEFIT OR PRIVILEGE <i>(e.g., attending a training program or social event)</i>
TYPE(S) <i>(e.g., adaptive equipment, staff assistant, removal of architectural barrier)</i>	

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

SIGNATURE OF REQUESTOR	DATE
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