

REQUEST FOR REASONABLE ACCOMMODATION APPLICATION

INSTRUCTIONS: Complete Section I and II and submit this form to the Department's staff supervising the applications process. <u>Current employees</u> should complete Section I and II and submit this form to their immediate supervisors. <u>Supervisors</u> receiving requests for reasonable accommodation should complete <u>Section IV.</u> Return one copy of the completed form to the applicant or employee requesting the accommodation, and immediately forward a second copy of the form to the Department's Disability Rights Coordinator (DRC). The DRC should complete and update <u>Section V</u> as appropriate. Department supervisory personnel and/or DRC shall assist in completing this form where requested.

Section I: This section should be completed by applicants and current employees.

Name:	
Social Security #:	Shift:
Office Telephone #:	Home Telephone #:
Accommodation Requested (attacappropriate).	h additional sheets and supporting documentation as
Section II: Complete this section of	only if you are an employee (even if you are currently on leave).
Position/Title:	
Unit/Division:	
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Section III: Complete this section only if you are a job applicant. Position/Title Sought: Job Vacancy Notice Number: Unit/Division: Work Location: Part of Hiring Process for Which an Accommodation is Required (e.g., application, examination, interview): Agency Contact Person: Date of Examination/Interview: Section IV: To be completed by agency staff supervising the employment application process or supervising the employee requesting a reasonable accommodation. Name of Supervisor: Title:

After completing this section, supervisors must return a copy of this form to the applicant or employee, immediately send a copy to the agency DRC, and take further action as is required by the Reasonable Accommodation Policy and Procedure.

Work Location:

Office Telephone #:_____ Date Received: _____

Signature of Supervisor:

_____ Shift: _____

Unit: _____



Section V: To be completed by the agency <u>Disability Rights Coordinator</u>

Name:
Location:
Date Received:
DRC comments, with date (DRC(s) should consult the Reasonable Accommodation Policy and Procedure for further guidance on documenting progress and monitoring implementation of any reasonable accommodation):

