
REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of Individual requesting reasonable accommodation:

Office of Requesting Individual:

1. Reasonable accommodation : (check one)

Approved (Whether it is what was originally requested or an alternative)

Denied

(Attach copy of the “Resolution of Reasonable Accommodation Request” form.)

2. Date accommodation requested:

Who received request:

3. Date accommodation request referred to Disability Program Manager, if applicable:

Name of decision maker:

4. Determined that individual does does not have a disability as defined by the Rehabilitation Act; or no disability determination made

5. Date accommodation approved or denied:

6. Date accommodation provided (if different from date approved):

7. If time frames outlined in the Procedures were not met, explain why.

8. Job held or desired by individual requesting reasonable accommodation (including occupational series, grade level, and office):

9. Accommodation needed for: (check one)

Application Process

Performing Job Functions or Accessing the Work Environment

Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event)

10. Accommodation(s) requested:

11. Accommodation(s) provided (if different from what was request):

12. Cost of accommodation provided:

13. Was medical information required to process this request? If yes, explain why.

14. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network, disability organization):

15. Comments:

16. Please attach all documentation connected with this request.