

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.