

APPENDIX A

REQUEST FOR REASONABLE ACCOMMODATION

1. DATE OF REQUEST:

2. TO (NAME OF FIRST-LINE SUPERVISOR)

3. NAME OF EMPLOYEE/APPLICANT

4. WORK PHONE

5. OFFICE/ORGANIZATION

6. POSITION TITLE AND GRADE

7. DISABLING CONDITION

8. ACCOMMODATION REQUESTED (Be as specific as possible, e.g., adaptive equipment, interpreter, etc.)

9. JUSTIFICATION (Briefly describe your current employment situation and state the reason you need the accommodation you are requesting. If accommodation is time sensitive, please explain)

SIGNATURE OF REQUESTOR/DATE

SIGNATURE OF SUPERVISOR/DATE

OEEOME TRACKING NUMBER (OEEOME WILL ASSIGN)

A copy of this request must be furnished to OEEOME for information tracking purpose. All requests for accommodation will be handled in a prompt and expeditious manner. All records of reasonable accommodation must be kept confidential.