



# VA REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

NAME OF INDIVIDUAL REQUESTING REASONABLE ACCOMMODATION	ACTION TAKEN ON REASONABLE ACCOMMODATION <input type="checkbox"/> APPROVED <input type="checkbox"/> REFERRED <i>(Sent to another Designated Management Official)</i> <input type="checkbox"/> DENIED <i>(If denied, attach copy of the written denial notification letter/memo to the requester.)(See Paragraph 8 of VA Handbook 5975.1).</i>	DATE REQUESTED <i>(MM-DD-YYYY)</i>
NAME OF DECISION MAKER	DATE REASONABLE ACCOMMODATION REQUEST REFERRED TO DESIGNATED MANAGEMENT OFFICIAL/DECISION MAKER <i>(i.e., supervisor, Human Resources Officer, Disability Program Manager, Human Resources Management Specialist) (MM-DD-YYYY)</i>	
DATE REASONABLE ACCOMMODATION APPROVED OR DENIED <i>(MM-DD-YYYY)</i>	IF TIME FRAMES OUTLINED IN THE REASONABLE ACCOMMODATION PROCEDURES WERE NOT MET, PLEASE EXPLAIN WHY	
DATE REASONABLE ACCOMMODATION APPROVED <i>(if different from above approved date) (MM-DD-YYYY)</i>		
DATE JOB HELD OR DESIRED BY INDIVIDUAL REQUESTING REASONABLE ACCOMMODATION <i>(if different from above approved date) (MM-DD-YYYY)</i>	REASONABLE ACCOMMODATION NEEDED FOR <i>(Check one)</i> <input type="checkbox"/> APPLICATION PROCESS <input type="checkbox"/> PERFORMING JOB FUNCTIONS OR ACCESSING THE WORK ENVIRONMENT <input type="checkbox"/> ACCESSING A BENEFIT OR PRIVILEGE OF EMPLOYMENT <i>(e.g., attending a training program or social event)</i>	
TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED <i>(e.g., adaptive equipment, staff assistant, removal of architectural barrier)</i>	TYPE(S) OF REASONABLE ACCOMMODATION PROVIDED <i>(if different from what was requested)</i>	
WAS MEDICAL INFORMATION REQUIRED TO PROCESS THIS REQUEST  <input type="checkbox"/> YES <i>(Explain why)</i>  <input type="checkbox"/> NO		
SOURCES OF TECHNICAL ASSISTANCE, IF ANY, CONSULTED IN TRYING TO IDENTIFY POSSIBLE REASONABLE ACCOMMODATIONS <i>(e.g., Job Accommodation Network disability organization, Disability Program Manager)</i>            		
COMMENTS		
SUBMITTED BY	PHONE NUMBER <i>(Include Area Code)</i>	