

REASONABLE ACCOMMODATION INFORMATION REPORT

1. DATE OF REQUEST/DATE RECEIVED	2. REQUEST RECEIVED BY (NAME OF DECISION MAKER)
3. NAME OF REQUESTING EMPLOYEE/ APPLICANT	4. WORK PHONE
5. OFFICE/ORGANIZATION	6. POSITION TITLE AND GRADE

7. Reasonable 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 special event)

8. Types of reasonable accommodation requested (e.g., adaptive equipment, staff assistant, removal of architectural barrier, etc.).

9. Types of reasonable accommodation provided (if different from what was requested).

10. Reasonable accommodation (check one) (If denied, attach copy of the written denial letter/memo)

- Approved _____ Date
 Denied _____ Date

11. Date reasonable accommodation provided:

12. Please explain any reasons for delays in the processing of this request including any requests for medical information (any why it was required), if applicable.

13. Please detail any sources of technical assistance consulted in trying to identify possible reasonable accommodations (such as Job Accommodation Network, Department of Defense CAP, Department of Labor, and EEO Commission).

Any additional comments:

SIGNATURE OF DECISION MAKER	OEEOME TRACKING NUMBER
-----------------------------	------------------------

ATTACH COPIES OF ALL DOCUMENTS OBTAINED OR DEVELOPED IN PROCESSING THIS REQUEST AND FORWARD TO OEEOME.