

# Reclamation Manual

## Directives and Standards

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### REASONABLE ACCOMMODATION INFORMATION REPORTING TEMPLATE

Name of individual requesting reasonable accommodation:

Office of requesting individual:

1. Date reasonable accommodation requested: \_\_\_\_\_
2. Person who received request: \_\_\_\_\_
3. Job held or desired by individual requesting reasonable accommodation (including occupational series, grade level, and office):
4. 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 social event)
5. Type(s) of reasonable accommodation requested (e.g., adaptive equipment, staff assistant, removal of architectural barrier):
6. Date reasonable accommodation request referred to decision maker (i.e., Supervisor or Manager): \_\_\_\_\_  
Name of decision maker: \_\_\_\_\_
7. Reasonable accommodation: (check one)  
 Approved          Date approved \_\_\_\_\_  
 Denied (If denied, attach copy of the written denial letter/memo)          Date denied \_\_\_\_\_
8. Type(s) of reasonable accommodation provided (if different from what was requested):
9. Date reasonable accommodation provided (if different from date approved):
10. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why.
11. Was medical information required to process this request? If yes, explain why. List the documents submitted on behalf of the applicant.
12. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., Disability Program Manager/HR Manager, Computer/Electronic Accommodation Program, EEO Manager):
13. Attach any comments on a separate sheet.

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_