

APPENDIX F
REASONABLE ACCOMMODATION INFORMATION REPORT

To be completed by manager/official who processed the accommodation request. Submit to local Disabilities Program Manager (EEO Office). (Use additional sheets if necessary)

1. Request for accommodation: (Check one)
 Approved
 Denied (Attach copy of the written denial memo sent to individual.)
2. Date reasonable accommodation requested:
3. Who received the request:
4. Date reasonable accommodation request referred to decision maker (i.e., supervisor, Office Director):
5. Name and position of Decision Maker:
6. Date request approved or denied:
7. Date reasonable accommodation provided (if different from date approved):
8. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why:
9. Job held or desired by individual requesting reasonable accommodation (include occupational series, grade level or equivalent NSPS information and office):
10. 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)
11. Type(s) of accommodation requested (e.g., adaptive equipment, staff assistant, removal of architectural barrier):
12. Type(s) of reasonable accommodation provided (if different from what was requested):
13. From what organization was adaptive equipment obtained?
14. Was medical information required to process this request? If yes, explain why.
15. Sources of technical assistance, if any consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network, Computer/Electronic Accommodations Program, disability organization, Disability Program Manager).

Submitted by

Name: _____ **Organization:** _____

Phone: _____ **Email Address:** _____