# REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of individual requesting reasonable accommodation: ____________________________

Office of Requesting Individual: _________________________________________________

1. Reasonable accommodation: (check one)
   - ____ Approved (Whether it is what was originally requested or an alternate)
   - ____ Denied

2. Date accommodation requested: ____________________________
   Who received the request: __________________________________________

3. Date accommodation request referred to Disability Program Manager/SEEM, if applicable: ___________

4. Determined that individual:
   - ____ does ____ does not have a disability as defined by the Rehabilitation Act
   - ____ no disability determination made

5. Date accommodation approved or denied: ____________________________

6. Date accommodation provided (if different from date approved): __________________________

7. If time frames outlined in the SOP were not met, explain why.

8. Job held or desired by individual requesting reasonable accommodation (including occupational series, grade level, and office):

9. 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)

10. Accommodation(s) requested:
11. Accommodation(s) provided (if different from what was requested):

12. Cost of accommodation provided:

13. Was medical information required to process this request? If yes, explain why?

14. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g. Job Accommodation Network, disability organization):

15. Comments:

16. Please attach all documentation connected with this request.