



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.