REQUEST FOR REASONABLE ACCOMMODATION APPLICATION

INSTRUCTIONS: Complete Section I and II and submit this form to the Department’s staff supervising the applications process. Current employees should complete Section I and II and submit this form to their immediate supervisors. Supervisors receiving requests for reasonable accommodation should complete Section IV. Return one copy of the completed form to the applicant or employee requesting the accommodation, and immediately forward a second copy of the form to the Department’s Disability Rights Coordinator (DRC). The DRC should complete and update Section V as appropriate. Department supervisory personnel and/or DRC shall assist in completing this form where requested.

Section I: This section should be completed by applicants and current employees.

Name:______________________________________________________

Address:________________________________________________________

Social Security #:__________________________ Shift:__________________________

Office Telephone #:__________________________ Home Telephone #: ___________________________

Accommodation Requested (attach additional sheets and supporting documentation as appropriate).

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Section II: Complete this section only if you are an employee (even if you are currently on leave).

Position/Title:________________________________________________________

Unit/Division:________________________________________________________

Work Location:________________________________________________________

Supervisor:__________________________________________________________
Section III: Complete this section only if you are a job applicant.

Position/Title Sought: ____________________________________________________________

Job Vacancy Notice Number: ______________________________________________________

Unit/Division: ________________________________________________________________

Work Location: ________________________________________________________________

Part of Hiring Process for Which an Accommodation is Required (e.g., application, examination, interview): ________________________________________________________________

Agency Contact Person: _________________________________________________________

Date of Examination/Interview: ________________________________________________

Section IV: To be completed by agency staff supervising the employment application process or supervising the employee requesting a reasonable accommodation.

Name of Supervisor: ____________________________________________________________

Title: ______________________________________________________________________

Unit: ________________________________________________________________________ Shift: ________________________________________________________________________

Work Location: __________________________________________________________________

Office Telephone #: __________________________ Date Received: __________________________

Signature of Supervisor: ________________________________________________________________________

After completing this section, supervisors must return a copy of this form to the applicant or employee, immediately send a copy to the agency DRC, and take further action as is required by the Reasonable Accommodation Policy and Procedure.
Section V: To be completed by the agency Disability Rights Coordinator

Name: ____________________________________________________________

Location: ________________________________________________________

Date Received: ____________________________________________________

DRC comments, with date (DRC(s) should consult the Reasonable Accommodation Policy and Procedure for further guidance on documenting progress and monitoring implementation of any reasonable accommodation):

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