

# Accommodation Information Reporting Form

Name of individual requesting accommodation: \_\_\_\_\_

Bldg./dept. of requesting individual: \_\_\_\_\_

Accommodation (*check one*):

- Approved
- Denied (*If denied, attach copy of the written denial letter/memo*):

Date accommodation was requested: \_\_\_\_\_

Who received request: \_\_\_\_\_

Date accommodation request referred to Human Resources/Employee Relations: \_\_\_\_\_

Name of Human Resources/Employee Relations representative: \_\_\_\_\_

Date accommodation approved or denied: \_\_\_\_\_

Date accommodation provided (*if different from date approved*): \_\_\_\_\_

If delays in the accommodation process were experienced, please explain why:

Job held or applied for by individual requesting accommodation (*including grade level and division*):

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)

Type(s) of accommodation requested (e.g., adaptive equipment, staff assistant, removal of architectural barrier):

Type(s) of accommodation provided (*if different from what was requested*):

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

Comments:

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

*Note: Do not include medical information on this form. Place all documentation in the employee's separate medical file.*