DEPARTMENT OF EDUCATION REASONABLE ACCOMMODATION REQUEST & APPROVAL FORM

Date of Request:______________________________________________________
School/Complex/Office:__________________________________________________

Requestor’s Name:_______________________________________________________
Requestor is an: [ ] Applicant  [ ] Employee
Position Title and Level:___________________________________________________
Worksite Address:_______________________________________________________
Home Address: _________________________________________________________
Work Phone:___________________     Home Phone: _________________________

APPLICATION

1) The following reasonable accommodation(s) are being requested:

2) It is necessary for me to have the reasonable accommodation(s) for the following reason(s): (Please include information on the nature of your disability in order to assist the Civil Rights Compliance Branch in making a determination)

   Requestor’s Signature   Date

DETERMINATION
(For Civil Rights Compliance Branch Use ONLY)

[ ] Individual has a disability that substantially limits a major life activity.

[ ] Individual does NOT have a disability that limits a major life activity.

The request for reasonable accommodation is:
[ ] Approved by Civil Rights Compliance Branch. Type of reasonable accommodation agreed upon:

[] Disapproved by Civil Rights Compliance Branch. Reason(s) reasonable accommodation was denied:

Civil Rights Compliance Branch Director    Date

FORM RA-1