

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 Office in making a determination)

Requestor's Signature

Date

.....
DETERMINATION

(For Civil Rights Compliance Office 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 Office. Type of reasonable accommodation agreed upon:

Disapproved by Civil Rights Compliance Office. Reason(s) reasonable accommodation was denied:

Civil Rights Compliance Office Director

Date