

Appendix B

REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of Individual Requesting Accommodation: _____

Agency and Office of the Requesting Individual: _____

1 Reasonable Accommodation (check one)

_____ Approved - Name & Title of Deciding Official: _____

_____ Denied (attach form AD-1165 "DENIAL OF REASONABLE
ACCOMMODATION REQUEST")

2 Date accommodation requested and date referred, if applicable: _____

3 Name & position of individual to whom request was made: _____

4 Date accommodation approved or denied: _____

5 Date accommodation provided: _____

6 If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why:

7 Job held or desired by individual requesting accommodation (include occupational series, grade level and office):

8. Accommodation required for:

_____ application process

_____ performing job functions or accessing work environment

_____ accessing a benefit or privilege of employment (e.g., attending training, social event)

9 Type(s) of accommodation requested:

REASONABLE ACCOMMODATION INFORMATION REPORTING FORM (continued)

10 Type(s) of accommodation provided:

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

12 Cost, if any, of accommodation:

13 Sources of technical assistance, if any, consulted (Job Accommodation Network, family member, rehabilitation counselor, other)

Disability Employment Program Manager (DEPM) Name: _____

DEPM Signature: _____

Date: _____