

**DEPARTMENT OF EDUCATION REASONABLE ACCOMMODATION  
REQUEST & APPROVAL FORM**

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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: \_\_\_\_\_

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**APPLICATION**

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

  

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**DETERMINATION  
(For Civil Rights Compliance Branch Use ONLY)**

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

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

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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