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

B-1 FORM RA-1