

# Reasonable Accommodation Request

**Instructions:** Employees may file a request for a reasonable accommodation to their supervisor or the Designee for Reasonable Accommodation (DRA). If the request is made to the supervisor, the supervisor will forward the request to the DRA. All confidential information received by the Office of Human Resources Management pertaining to your request shall be handled as such. All medical information required to evaluate the request should only be provided to the DRA. All medical information is confidential and maintained separately from personnel records.

**Section A: To be completed by the employee or applicant**

<b>Name</b>	<b>Email</b>		
<b>Civil Service Title</b>	<b>Job Title (if different from Civil Service title)</b>		
<b>Program Area</b>	<b>Office/Unit</b>	<b>Work Location</b>	<b>Work Phone</b>
<b>Home Address</b>	<b>Phone</b>		
<b>Supervisor Name</b>	<b>Supervisor Email</b>	<b>Supervisor Phone</b>	

**I prefer to be contacted by:**    Email    Phone    **I am requesting a reasonable accommodation for a:**    Disability

**I am requesting the following reasonable accommodation(s) attach additional sheets if necessary**

**It is necessary for me to have this accommodation for the following reason(s) attach additional sheets if necessary**

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**Date**

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**Employee Signature**

The employee should retain a copy of this form. The original is filed by the DRA.