## APPENDIX F REASONABLE ACCOMMODATION INFORMATION REPORT

To be completed by manager/official who processed the accommodation request. Once completed, submit to local Disabilities Program Manager (EEO Office). (Use additional sheet if necessary)

1.	Request for Accommodation: (characteristics)  Approved	eck one):  Denied (Attach copy of written denial memo sent to individual.)
Date rea	asonable accommodation requeste	d:)
2.	Who received the initial request:	<del></del>
3.	Date reasonable accommodation request referred to decision maker (i.e., supervisor, Office Director).	
4.	Name and position of Decision Maker:	
5.	Date request approved or denied:	
6.	Date reasonable accommodation was provided (if different from date approved):	
7.	If the period outlined in the Reasonable Accommodation Procedures was not met, (30 Days) explain why:	
8.	Job held or desired by individual requesting reasonable accommodation:  • Occupational Series:, Grade Directorate	
9.	Reasonable Accommodation needed for: (Check one)  Application Process  Performing Job Functions or Accessing the Work Environment  Accessing a Benefit or Privilege of Employment (e.g., attending a training program)  Ergonomic Needs  Other	
10.	. Type(s) of reasonable accommodation requested (e.g., adaptive equipment, staff assistant, telework, alternate work scheduled, removal of architectural barrier).	
11.	Type(s) of reasonable accommodation provided (if different from request)	
12.	From what organization was, adaptive equipment obtained? (If applicable)	
13.	Was medical information required to process this request? If yes, explain why?	
14.	Sources of technical assistance, if any consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network (JAN), Computer/Electronic Accommodation Program (CAP), or Disability Program Manager (DPM).	
	<u>Submitted to EEO By:</u> Name:	Organization:
	Phone:	Email:
	Signature	Date Submitted