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

RS 19-1566, June 2019