

Application to Request Reasonable Accommodation of a Disability

Application for reasonable accommodation may be made to the supervisor or the agency's *Designee for Reasonable Accommodation (DRA)*. If the request is made to the supervisor, the supervisor shall forward the request to the DRA. **All confidential information received by Department personnel pertaining to your request shall be handled as such.** All medical information is confidential and maintained separately from personnel records.

Section A

(To be completed by requestor and returned to supervisor or DRA)

Requestor's name _____

Civil Service title _____

Job title (if different) _____

Office/unit _____

Work location _____

Telephone number(s) _____

E-mail address _____

Preferred method of communication _____

I am requesting the following reasonable accommodation(s):

It is necessary for me to have this accommodation for the following reason(s):

Requestor's signature _____

Date _____

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