REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of Individual Requesting Accommodation: ________________________________

Agency and Office of the Requesting Individual: ______________________________

____________________________________________________________________________

1. Reasonable Accommodation (check one)
   _____ Approved - Name & Title of Deciding Official: ___________________________

   ______________________________

   _____ Denied (attach form AD-1164 “DENIAL OF REASONABLE ACCOMMODATION
   REQUEST”)

2. Date accommodation requested and date referred, if applicable: ________________

3. Name & position of individual to whom request was made: ____________________

4. Date accommodation approved or denied: ________________________________

5. Date accommodation provided: _______________________________

6. If time frames outlined in the Reasonable Accommodation Procedures were not met, please
   explain why:

   _____________________________________________________________________

7. Job held or desired by individual requesting accommodation (include occupational series,
   grade level and office):

   _____________________________________________________________________

8. Accommodation required for:
   _____ application process
   _____ performing job functions or accessing work environment
   _____ accessing a benefit or privilege of employment (e.g., attending training, social event)

9. Type(s) of accommodation requested:

   _____________________________________________________________________
10. Type(s) of accommodation provided:

11. Was medical information required to process this request? If yes, explain why:

12. Cost, if any, of accommodation:

13. Sources of technical assistance, if any, consulted (Job Accommodation Network, family member, rehabilitation counselor, other)

___________________________________   _____________________________
DEPM Name      Signature

________________________  
Date