



## REASONABLE ACCOMMODATION REQUEST FORM

### Section 1: Contact Information

\*required fields

NOTES: Additional information (including medical documentation) reasonably needed to process the accommodation request may be sought during the interactive process.

INSTRUCTIONS: complete this form to track verbal reasonable accommodation requests. Personnel may choose to use this form voluntarily but are not required to do so. **Employee requests** must be sent to your supervisor, a management official in your chain of command, the Servicing Human Resources Office (SHRO), the Disability Program Manager (DPM), or any other management official.

1. First Name:\*

2. Last Name:\*

3. Telephone:\*

4. E-mail Address:\*

5. Today's Date:\*

6. Date of Request:\*

### Section 2: Reasonable Accommodation Information

\*required fields

7. Please explain the information provided regarding the accommodation being requested below. Be as specific as possible (e.g., adaptive equipment, reader, interpreter).

8. Please explain the reason(s) provided for the reasonable accommodation request below.

9. If the reasonable accommodation is time-sensitive, please explain why below.

**Privacy Act Notice:** The information collected on this form is protected by the Privacy Act and prohibits the disclosure of records by any means of communication (written, oral, or electronic) to anyone that does not have a need to know. The information on this form is required under the provisions of the Rehabilitation Act of 1973, as amended, Federal agencies are required to provide reasonable, job related, accommodations to "qualified individuals with disabilities," unless doing so would cause an undue hardship to the Agency. Information may only be disclosed per the routine uses

**Records Disposition:** Reasonable Accommodations request/records made to the the Civil Rights Office (CRO) will be kept on file indefinitely.

ADA/Sec. 504 Point of contact:  
Robespierre Howard  
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