REQUEST FOR ACCOMMODATION FORM

SECTION 1: REQUESTOR INFORMATION

Requestor’s Name: __________________________________________

Requestor is (check only one):  □ Employee  □ Job Applicant  □ Visitor / Public

Requestor’s Email Address: __________________________________________

Requestor’s Phone #: ________________________________

If Requestor is an employee, also provide:  Job Title: ________________________________________

Division/Unit:________________________ Supervisor’s Name: ________________________________

SECTION 2: REQUESTED ACCOMMODATION

(Attach a separate sheet if additional space is needed)

A. Please describe the nature of your disability and the functional limitations resulting therefrom.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

<table>
<thead>
<tr>
<th>Accommodation Type:</th>
<th>Reason for Accommodation Request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. □ Application/Testinng Process</td>
<td>Explain the specific application/testing requirement for which accommodation is requested: (➔)</td>
</tr>
<tr>
<td>2. □ Participating in a Job Interview</td>
<td>Identify the Date/Time/Location of the job interview for which an accommodation is requested: (➔)</td>
</tr>
<tr>
<td>3. □ Performance of Essential Functions of Your Job</td>
<td>Explain the job duties for which accommodation is requested: (➔)</td>
</tr>
<tr>
<td>4. □ Benefits/Privileges of Employment</td>
<td>Explain the benefits or privileges of employment for which accommodation is requested: (➔)</td>
</tr>
<tr>
<td>5. □ Pregnancy, Childbirth or Related Condition</td>
<td>Explain how pregnancy, childbirth or a related condition affects your ability to perform your job: (➔)</td>
</tr>
<tr>
<td>6. □ Effective Communication</td>
<td>Identify the Date/Time/Location for which an auxiliary aid is requested: (➔)</td>
</tr>
<tr>
<td>7. □ Access to Programs, Services or Facilities</td>
<td>Identify the specific program, service or facility for which access is needed: (➔)</td>
</tr>
</tbody>
</table>

C. Describe the accommodation(s) requested. *(Identify specific auxiliary aid requested, if applicable)*

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Requestor’s Signature: ___________________________________________ Date: ____________
SECTION 3: TO BE COMPLETED BY AGENCY ADA COORDINATOR

a. Process Tracking:
   1. Date the Request for Accommodation was prepared/signed by Requestor: _____________
   2. Date the Request for Accommodation was received by ADA Coordinator: _____________
   3. Date of initial contact with Requestor (initiate interactive process): _____________
   4. Date(s) of follow-up contact with Requestor: _____________  _____________  _____________
   5. Date the Request for Accommodation was discussed with Appointing Authority: _____________
   6. If applicable, date the alternative accommodation(s) was discussed with Requestor: _____________
   7. Date Requestor was notified of final accommodation determination: _____________
   8. Date Requestor was notified of internal grievance procedure: _____________

b. Is there an equally effective accommodation(s), other than the one requested, that would satisfy the request? (Consult with www.askjan.org or Louisiana Rehabilitation Services, if necessary)  
   Yes  No

   If Yes, please identify: _________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________


c. Was an accommodation granted?  Yes (Proceed to section d. below)  No (Proceed to section e. below)

d. Accommodation Granted:
   Was the accommodation granted the same as the one requested?  Yes  No

   If an alternative, equally effective accommodation was granted, explain the reason this option was selected rather than the one requested. (Reason for alternative accommodation should be fully documented.)
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________


e. Denial of Accommodation:

   Check reason for denial and provide further explanation below. (Denials should be fully documented.)

   ADA Title I (for employees / applicants)
   □ Requestor is not a “qualified individual”
      (See Definition in agency policy)
   □ Accommodation would pose an undue hardship to the agency
   □ Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

   ADA Title II (for visitor / public)
   □ Requestor is not a “qualified individual”
      (See Definition in agency policy)
   □ Accommodation would fundamentally alter the nature of the agency’s service, program or activity
   □ Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

ADA Coordinator’s Signature: ___________________________ Date: ____________