RAR FORM 1.

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

_____   _____
Requestor's Name   Requestor's Telephone Number

_____   _____
Requestor's Position   Requestor's Organization

_____   _____
Requestor's Supervisor   Supervisor's Telephone Number

_____   _____
Date Submitted   Case Number Assigned (Program Mgr)

Essential Function of Position Affected: (*Please describe what aspect of your current position is affected by your disability*.)

Accommodation Requested: (*Please describe what you would like the Agency to do which will assist you in accomplishing the essential function you have discussed immediately above*.)

Is the accommodation requested time sensitive ? _____ Yes _____ No. If yes, please explain:

Requestor's Signature: _____

Date/Signature Received by first-level supervisor: _____

Date/Signature Received by Disability Program Manager: _____