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