Exhibit A

REQUEST FOR REASONABLE ACCOMODATIONS

Employee Name:	
Building:	
Location:	
Telephone: D	ate of Request:
	ations Requested
(Check a	s Appropriate)
Work Station Modification	Job Task Accommodations
e.g., desk, chair or other	e.g., changes to job task,
furniture	interpreters
Equipment Accommodations	Facility Modifications
e.g., computers, optacons,	e.g., rest room modifications,
enlargers or Braille machines	ramps, elevators
Detail the specific accommodation	(s) requested:
	
Justification for accommodations	requested: Continue on plain white
bond, as needed):	

ACTION TAKEN ON REQUEST

Approving Official Approve: Approve, as modified: _____ (Describe modification on plain white bond and attach) Recommend denial: Cite reasons for recommending denial: Name Title **Component** Date Note: Complete the following, only if the Approving Official has denied the request. **Director, OHR** Approval: Denial: Cite reasons for denial:

Date

Director, OHR