

REQUEST FOR REASONABLE ACCOMMODATION

Information on Requester

Name

Occupational series, Grade

Branch/Team

Today's Date _____

Date of Request _____

Check One

_____ Application Process

_____ Access A Benefit or Privilege (attend training program or social event)

_____ Personal Assistance Services

Accommodation Requested: (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, architectural barrier, etc.)

Reason for Request: (if accommodation is time sensitive, please explain)

If accommodation is time sensitive, please explain:

Send completed form to Human Resources Officer, Office of Navajo and Hopi Indian Relocation, P.O. Box KK, Flagstaff, AZ 86002; Fax (928) 774-1977 or Email to tslater@onhir.gov.

DECISION ON REASONABLE ACCOMMODATION REQUEST

Request approved _____ Accommodation will begin on _____
Date Date

Executive Director (Signature) _____ Date _____