

CONFIRMATION OF REQUEST FORM

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

1.

Applicant's or Employee's Name _____

Applicant's or Employee's Telephone No. _____

Today's Date _____

District/Division _____

Date of Request _____

2. **ACCOMMODATION REQUESTED.** *(Be as specific as possible, e.g., adaptive equipment, reader, interpreter)*

3. **REASON FOR REQUEST.**

If accommodation is time sensitive, please explain:

Return Form to the appropriate District Civil Rights Manager or Civil Rights Division.

(Civil Rights Division will assign number)

4. **Log No.:** _____