



**Application to Request
Reasonable Accommodation of a Disability**

Application for reasonable accommodation may be made to the agency's *Designee for Reasonable Accommodation (DRA)*. **All confidential information received by Department personnel pertaining to your request shall be handled as such.** All medical information is confidential and maintained separately from personnel records.

**Section A
(To be completed by employee and
returned to the *DRA*)**

Name:	Civil Service Title:	Job Title (if different):
Office/Unit:	Work Location:	Telephone Number(s):
E-mail address:	Preferred method of communication:	
I am requesting the following reasonable accommodation(s): 		
It is necessary for me to have this accommodation for the following reason(s): 		
Employee Signature:		Date:

The employee should retain a copy of this form. The original is filed by the *DRA*.