



CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION AND PERSONAL ASSISTANCE SERVICES	
Request Number: _____ (To be completed by Reasonable Accommodation Coordinator)	
APPLICANT/EMPLOYEE NAME: NAME OF INDIVIDUAL COMPLETING FORM: TODAY'S DATE: DATE OF REQUEST: SUPPORTING DOCUMENTATION ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT/EMPLOYEE TELEPHONE NUMBER: APPLICANT OR EMPLOYEE STREET ADDRESS: APARTMENT OR OFFICE NUMBER: CITY, STATE, ZIP CODE: EMAIL ADDRESS:
<p>ACCOMMODATION OR PERSONAL ASSISTANCE SERVICE REQUESTED. While you do not have to have a particular accommodation in mind, please be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc. Please note, Personal Assistance Services are not available to applicants, pursuant to 29 C.F.R. § 203 (5)(i).</p>	
<p>REASON FOR REQUEST. If request is time sensitive, please explain.</p>	
<p>DOCUMENTATION. Please attach supporting documentation regarding your disability and need for accommodation. DFC may also seek additional information if necessary. DFC does not require any supporting documentation or information when the disability and need for accommodation are obvious or when the employee or applicant has already provided DFC with sufficient information to document the existence of the disability and his/her functional limitations.</p>	
SUBMIT COMPLETED FORM TO REASONABLE ACCOMMODATION COORDINATOR.	