

ST. PAUL DISTRICT - REQUEST FOR ACCOMMODATION

(to be completed by requester, supervisor or responding official)

1. (a). Name of person requiring accommodation: _____
(b). Occupational Series _____
(c). Grade: _____
(d). Organizational element: _____
(e). Preferred contact address: _____
(f). Telephone number: (work) _____ (other) _____
2. (a). Name of person requesting accommodation (if different): _____
(b). Address: _____
(c). Daytime telephone number: _____
(d). Relationship to person requiring accommodation: _____
3. Date of request: _____ (send email notifying EEO office of date of request).
4. The date that the approval or denial action or interim response is due (add 15 calendar days to date of request for a current employee, ASAP for job applicant): _____
5. Check here when the person requesting accommodation has been given the attached Privacy Act Statement and EEO complaint process ____.
6. The person requiring accommodation is:
 an employee
 a job applicant
 other (describe): _____
7. Accommodation requested: _____
8. Accommodation is for:
 essential job duty (describe: _____)
 benefit or privilege of employment (describe: _____)
 application process (describe: _____)
 other (describe: _____)
9. Date of supervisor's/action officer's consultation with person requiring or requesting accommodation: _____ (consult with CPAC to determine if bargaining unit representative should be invited).

10. Reasonable documentation for the condition requiring accommodation:
- is attached (may use attached forms or other documentation, as appropriate).
 - has been requested but not provided (request must be processed in a timely manner. Lack of documentation may result in denial of request).
 - is not needed (condition is obvious, has already been documented)
11. Description of accommodation or alternatives investigated (a safety and health risk assessment should be completed; attach additional sheets as necessary):
12. Accommodation is: ____ approved, ____ denied
13. Reason for denial:
14. Description of accommodation offered: _____
15. Cost of accommodation (if applicable): _____
16. Date of offer/denial: _____ (send email notice to EEO office).
17. Calendar days from date of request: _____
18. The Employee/Applicant
- concurs with offered accommodation
Comments, if any: _____
Employee signature: _____
 - does not concur with offered accommodation; employee initials: _____
make note as to any following action required: _____
19. Date accommodation was put into place: _____
20. Resources used in providing accommodation (i.e. District funds, Computer/Electronic Accommodation Program, etc). _____

Signature of Supervisor or responding official: _____
 (Make one copy of this document and give it to the employee/applicant. Route the completed document through EEO and CPAC using a privacy envelope).

EEO: Note action taken and extract statistics for upward reporting. Retain in files as per District policy.
 CPAC: Retain medical records in separate files (if applicable).