

## **CHIPPEWA VALLEY SCHOOLS**

19120 CASS AVE., CLINTON TWP, MI 48038 Ph: (586)723-2000 Fax: (586) 723-2091

## CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

1.		
	Applicant's or Employee's Name	Applicant's or Employee's Telephone Number
	Date of Request	Building/Department, if applicable
2.	2. TYPE OF ACCOMMODATION REQUESTED, IF KNOWN. (Be as specific as possible, e.g., assistive technology, reader, interpreter, schedule change)	
3.	WHAT LIMITATION IS INTERFERING WITH YO	FUNCTION ARE YOU HAVING DIFFICULTY BENEFIT ARE YOU HAVING DIFFICULTY ACCESSING; UR ABILITY TO PERFORM YOUR JOB OR ACCESS TO ion may be requested if disability is not known or obvious)
	If accommodation is time sensitive, please explain	n and provides dates if applicable:
Privacy Act Statement		
The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.		

Requestor's signature

Please return this form to the Human Resources Department.