

Federal Mine Safety and Health Review Commission

Appendix D

REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of Individual requesting accommodation:

Office of Requesting Individual: _____

1. Reasonable accommodation: (check one)

___ Approved

___ Denied

___ Alternative offered of _____

2. Date accommodation requested: _____

Who received request: _____

3. Date accommodation request referred to Disability Program Committee, if applicable: _____

4. Determined that individual does ___ does not ___ have a disability as defined by the Rehabilitation Act; or no disability determination made _____.

5. Date accommodation approved or denied: _____

6. Date accommodation provided (*if different from date approved*):

7. If time frames outlined in the Reasonable Accommodation Procedures were not met, explain why.

8. Job held or desired by individual requesting reasonable accommodation (*including occupational series, grade level, and office*):

9. Accommodation needed for: (check one):

Application Process

Performing Job Functions or Accessing the Work Environment

Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event)

10. Accommodation(s) requested:

11. Accommodation(s) provided (*if different from what was requested*):

12. Cost of accommodation provided:

- 13. Was medical information required to process this request? If yes, explain why.**

- 14. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (*Examples of sources set forth in Appendix E*).**

- 15. Was reconsideration sought? If so, was it denied or granted? Specify the reasons for the decision. (Attach Chairman's written grant or denial).**

- 16. Comments:**

17. Please attach all documentation connected with this request.

Submitted by Disability Program Committee (All Must Sign)

Date

Date

Date

Date