

**REASONABLE ACCOMMODATION REQUEST FORM**  
**(Please forward initially to the ADA Coordinator of your Agency)**

Name: \_\_\_\_\_ Day Phone # (VOICE) \_\_\_\_\_  
(Print Last Name, First Name, MI) Soc. Sec. #

Current Title in State Government (if applicable): \_\_\_\_\_

Classification Title (Offered): \_\_\_\_\_

I am an applicant/employee for the position named above and may require a "reasonable accommodation" to perform the essential function(s) of the job. I hereby request that the ADA Coordinator and/or other individuals identified in the Reasonable Accommodation Policy of the State of Rhode Island contact me regarding this need for reasonable accommodations and authorize them to verify this request. I do hereby waive my rights of confidentiality of information (medical/personnel or otherwise) so that pertinent information will be forwarded to other departments for processing. I understand that I have a right to appeal the decision of the ADA Coordinator noted below. Upon appeal, a job analysis, by the Office of Rehabilitative Services or its designated vendor, will be completed and a recommendation made within 60 calendar days of the receipt of such request.

PLEASE DESCRIBE BELOW THE ACCOMMODATION YOU MAY NEED: \_\_\_\_\_

\_\_\_\_\_

I AUTHORIZE \_\_\_\_\_ TO RELEASE MY MEDICAL RECORDS TO VERIFY  
(Health Professional's Name) MY NEED FOR A REASONABLE ACCOMMODATION  
DUE TO MY DISABILITY.

Health Professional's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Applicant/Employee Signature Date

**DO NOT WRITE BELOW THIS LINE**

1. Agency ADA Coord./Appt. Auth Response:  Approved  Not Needed  Denied

\_\_\_\_\_  
Authorized Name (Print) Authorized Signature Date

2. Office of Rehabilitative Services Response:  Approved  Not Needed  Denied

\_\_\_\_\_  
Authorized Name (Print) Authorized Signature Date

3. ADA Equipment Committee Response:  Approved  Not Needed  Denied

\_\_\_\_\_  
Authorized Name (Print) Authorized Signature Date

4. If Workers' Compensation Disability:  
Workers' Compensation Response:  Approved  Not Needed  Denied

\_\_\_\_\_  
Authorized Name (Print) Authorized Signature Date

**PLEASE COMPLETE REVERSE SIDE ONCE ACCOMMODATION HAS BEEN APPROVED**

