

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

Applicant's or Employee's Name

Applicant's or Employee's Phone Number

Today's Date _____

Employee's Branch

Date of Requested Accommodation _____

ACCOMMODATION REQUESTED: (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, architectural barrier, etc.)

REASON FOR REQUEST:

If accommodation is time sensitive, please explain:

Send completed form to Human Resources Officer, Office of Navajo and Hopi Indian Relocation, P.O. Box KK, Flagstaff, AZ. 86002; fax to _____; or email to tslater@onhir.gov.

APPROVAL OF REASONABLE ACCOMMODATION REQUEST

Request approved. Accommodation will be accomplished on _____.
Date

Executive Director (Signature) _____ Date _____