



ADA Reasonable Accommodation Reporting Form

This form is to be filled out by a college representative for every reasonable accommodation processed for staff or faculty. Please do not use this form to request an accommodation.

Attach separate sheets if necessary in order to complete each question. Upon completion, please mail to Human Resources, BCB 382.

Please note: If this form is being filled out due to a request for a reasonable accommodation from an applicant, please note "Applicant" If the applicant does become an ASU employee, please inform Human Resources so that the data on this form is tracked into the system.

Department of person making request: _____

Name of individual requesting the reasonable accommodation (s): _____

Date reasonable accommodation requested: _____

Job held or desired by individual requesting reasonable accommodation: _____

Reasonable accommodation needed for:

- ____ 1. Application process
- ____ 2. Performing job functions or accessing the work environment
- ____ 3. Accessing a benefit or privilege of employment (e.g. attending a training or social event)
- ____ 4. Adjustment to existing leave
- ____ 5. Other: _____

Details of the request:

Did documentation come with the request? ____ Yes ____ No

Is more documentation necessary? ____ Yes ____ No

Reasonable accommodation: ____ Approved ____ Modified ____ Denied ____ Undue Hardship

Type of accommodation provided: _____

Date reasonable accommodation approved or denied: _____

Authorized person approving or denying the accommodation: _____

Date reasonable accommodation provided (if different from date approved): _____

Costs associated with the reasonable accommodation: _____

Names of sources of assistance consulted in trying to process these reasonable accommodations (HR, Legal or External): _____

Additional Comments:

Submitted by (Department Manager name and title) _____

Phone _____