

**Arizona State Personnel System
REASONABLE ACCOMMODATION REQUEST**

Name _____ Title _____

Position Number _____ Agency _____

Division _____ Work Unit _____

Work Address _____ City _____ State _____ ZIP Code _____

Work Phone Number _____ Alternate Contact Number _____

The information below and/or any documentation regarding your disability and/or your request for accommodation are strictly confidential and will not be released, except as provided by the Americans with Disabilities Act.

As a qualified person with a disability, I request the following accommodation, which I feel will enable me to effectively perform the essential functions of my job.

Accommodation Requested:

Reason for Request:

I hereby authorize my agency management to verify this request, and if additional information or documentation is required, I will provide it in a timely manner.

Signature _____ Date _____

Approved _____ Denied _____

Comments/Explanation:

Signature _____ Date _____