REASONABLE ACCOMMODATION REQUEST FORM



A. Questions to clarify accommodation requested.		
What specific accommodation are you requesting?		
If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?	Yes □	No □
If <i>yes</i> , please explain.		
Is your accommodation request time sensitive?	Yes □	No □
If <i>yes</i> , please explain.		
B. Questions to document the reason for accommodation reques	t.	
What, if any, job function are you having difficulty performing?		
What, if any, employment benefit are you having difficulty accessing?		
What limitation is interfering with your ability to perform your job or acc	ess an emplo	yment benefit?
Have you had any accommodations in the past for this same	Yes □	No □
limitation?		
If yes, what were they and how effective were they?		
If you are requesting a specific accommodation, how will that accommodation assist you?		

C. Other.	
Please provide any request:	additional information that might be useful in processing your accommodation
what extent, a rease By considering the having a disability	form will assist the Division of Agriculture in determining whether, or to sonable accommodation is appropriate for a qualified Division employee. is request, the Division does not consider or regard the employee as y. All information and records obtained during this process will be andled in accordance with any applicable confidentiality requirements.
under reasonable Federal laws. In a need to engage ot	you give the Division permission to explore whether you may be covered accommodation definitions and standards under all applicable State and addition, you also understand and agree that the ADA Coordinator may ther appropriate Division offices and/or officials, including General exploration of possible coverage or possible accommodations.
Signature	
	Barbara Batiste, ADA Coordinator, bbatiste@uaex.edu , bbatiste@uark.edu ; or Tonisha Thorpe, Deputy ADA Coordinator, tthorpe@uaex.edu Fax: (501) 671-2073