

STATE OF VERMONT
REQUEST FOR REASONABLE ACCOMMODATION – Part Two

(This Section is to be completed by the Supervisor)

1. If the employee's need for accommodation is not obvious or you have questions as to whether or not an accommodation is needed, please request that the employee provide documentation of his/her functional limitation(s) to support the request. (i.e. written documentation from a doctor, rehabilitation counselor, occupational or physical therapist, etc.). Please attach documentation and check below.

Documentation is _____ is not _____ attached.

2. What are the primary duties of the employee's position? Documentation such as job specifications, performance standards, list of essential functions, etc. must be attached.

3. If the accommodation request is granted will it fundamentally alter the position, or impact any other position or employee's job duties? Explain.

4. What specific duties require accommodation? Are these duties essential to the employee's position?

5. Are alternative accommodations possible other than those requested by the employee? If so, please list alternative accommodations.

6. What accommodation do you recommend? If none recommended, state reasons why.

7. What is the estimated cost of the accommodation?

Supervisor's Signature _____ Date _____

******* AGENCY CERTIFICATION *******

Please indicate approval or denial of request, and provide signatures.

Approved Denied

_____ _____ _____
Personnel Officer's Signature Date

_____ _____ _____
Appointing Authority Signature Date

Please check appropriate box below:

- RAC review is required
- Advisory opinion requested from RAC
- Copy for RAC files

Additional Comments:

STATE OF VERMONT
REQUEST FOR REASONABLE ACCOMMODATION – Part Three
(This Section is to be completed by the Reasonable Accommodation Committee)

Date Received: _____

Date Reviewed: _____

Accommodation being requested:

Estimated cost of accommodation: \$ _____

Comments recommendations:

Signature of RAC Chairperson: _____ Date _____