U.S. Department of Housing and Urban Development   
**Office of the Chief Human Capital Officer**

**REASONABLE ACCOMMODATION INFORMATION   
REPORTING FORM**

*Enter the following information about the employee or applicant who requested the reasonable accommodation:*

**Requester’s Name:**

**Office & Location:**

**Control Number: RA-**

1. *Reasonable Accommodations (Check one):*

*Approved as Requested*

*Approved with alternative accommodation(s)*

*Disapproved (if disapproved, attach copy of the Denial of Responsibility Accommodation Request Form* **HUD-11600***).*

1. *Date Reasonable Accommodation requested: Name and title of person who received initial request:*
2. *Date Reasonable Accommodation request referred to Decision Maker (e.g., Supervisor, Manager, Principal Organization Head):*

**(Enter Date of Receipt)**

Name and Title of Decision Maker:

1. *Date Reasonable Accommodation approved or denied:*

**(Enter Date of Decision)**

1. *Date Reasonable Accommodation provided:*

**(Enter, if different from date approved)**

1. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain Why:

*7.* Current position or, if an applicant, desired position of the individual requesting Reasonable Accommodation (including position title, series, grade level, and office):

*8. Reasonable Accommodation needed for: (Check one)*

*Application Process*

*Performing Job Functions or Accessing the Work Environment*

*Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event):*

*9. Type(s) of Reasonable Accommodation provided (e.g., adaptive equipment, staff assistant, removal of Architectural barrier):*

*10. Type(s) of Reasonable Accommodation provided (if different from what was requested):*

1. *Was medical information required to process this request? If yes, explain why.*



1. *Sources of technical assistance, if any, consulted in trying to identify possible Reasonable Accommodations (e.g., Job   
   Accommodation Network, disability organization, Disability Program Manager)*
2. *Comments:*

Name and Title of RAB Specialist assigned to the case.

**Date Room Number Telephone Number/Extension**

Attach copies of **all** documents obtained or developed in processing this request.