Procedures for Providing Reasonable Accommodation for Individuals with Disabilities

HUD FORM 11601, REASONABLE ACCOMMODATION INFORMATION REPORTING

U.S. Department of Housing and Urban Development
Office of Administration

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 Assigned: RA-_____

1. Reasonable Accommodation: (Check one)

   ☐ Approved ☐ Denied (if denied, attach copy of the Denial of Reasonable Accommodation Request Form HUD-11600).)

2. Date Reasonable Accommodation requested: _____
   (Enter Date of Receipt)

   Name and Title of person who received initial request: _____

3. Date Reasonable Accommodation request referred to Decision Maker (i.e., Supervisor, Disability Program Manager, Principal Organization Head): _____
   (Enter Date of Receipt)

   Name and Title of Decision Maker: _____

4. Date Reasonable Accommodation approved or denied: _____
   (Enter Date of Decision)

5. Date Reasonable Accommodation provided: _____
   (Enter, if different from date approved)

6. 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): _____

Form HUD-11601 (03/2003)

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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): _____

11. Was medical information required to process this request? If yes, explain why. _____

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

13. Comments: _____

Name and Title of person completing this form

Date | Room Number | Telephone Number/Extension

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