



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Request for Reasonable Accommodation -  
Employee or Applicant for Employment**

**Please Print**

|                               |          |                   |     |
|-------------------------------|----------|-------------------|-----|
| Name of employee or applicant |          |                   |     |
| Unit                          | Division | Title or position |     |
| Employment street address     | City     | State             | Zip |
| Telephone (work)              |          | Telephone (home)  |     |

Reason for the request:

Disability to be accommodated:

Requested accommodation:

Is medical documentation attached?    Yes     No

If no, give reason:

\_\_\_\_\_  
Employee signature Date

\_\_\_\_\_  
ADA coordinator signature Date

\_\_\_\_\_  
Division administrator, associate director, area director signature Date

Return original to:    Office for Civil Rights  
                                  P.O. Box 25352  
                                  Oklahoma City, OK 73125-9975