

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**).*

2. *Date Reasonable Accommodation requested:* \_\_\_\_\_

*Name and title of person who received initial request:* \_\_\_\_\_

3. *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: \_\_\_\_\_  
\_\_\_\_\_

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):

\_\_\_\_\_

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):*

\_\_\_\_\_

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

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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)*

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13. *Comments:*

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Name and Title of RAB Specialist assigned to the case.

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**Date** **Room Number** **Telephone Number/Extension**

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