

**APPENDIX A**

**Reasonable Accommodation Request-Report Form  
University of Wisconsin-Stevens Point**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work unit: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of how disability impairs ability to perform assigned job duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of accommodation requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate annual cost: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Decision regarding request:**      \_\_\_\_\_ **Approved**      \_\_\_\_\_ **Denied**

Reasons for denial (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature:

ADA Coordinator \_\_\_\_\_ Date: \_\_\_\_\_