

STATE OF VERMONT
REQUEST FOR REASONABLE ACCOMMODATION – Part Two

(This Section is to be completed by the Supervisor)

1. If the employee's need for accommodation is not obvious or you have questions as to whether or not an accommodation is needed, please request that the employee provide documentation of his/her functional limitation(s) to support the request. (i.e. written documentation from a doctor, rehabilitation counselor, occupational or physical therapist, etc.). Please attach documentation and check below.

Documentation is is not attached.

2. What are the primary duties of the employee's position? Documentation such as job specifications, performance standards, list of essential functions, etc. must be attached.
3. If the accommodation request is granted, will it fundamentally alter the position, or impact any other position or the position's essential functions? Explain.
4. What specific duties require accommodation(s)? Are these duties essential to the employee's position?
5. Are alternative accommodation(s) possible other than those requested by the employee? If so, please list alternative accommodation(s).

6. What accommodation(s) do you recommend? If none recommended, state reasons why.

7. What is the estimated cost of the accommodation(s)?

Supervisor's Signature

Date

******* AGENCY/DEPARTMENT CERTIFICATION *******

Please indicate approval or denial of request and provide signatures.

Approved Denied

Appointing Authority Signature

Date

Please check appropriate box below:

- RAC review is required
- Advisory opinion requested from RAC
- Copy for RAC files

Additional Comments: