REASONABLE ACCOMMODATION REQUEST FORM - TITLE I

This form is intended to be used by internal employees or applicants for employment when requesting a reasonable accommodation in order to have equal opportunity to enjoy the full benefits of any employment-related opportunities and privileges within the Oklahoma Department of Transportation.

Date of Filing: Name: Address: City, State, Zip Code: Work Phone: Home Phone: Email Address: Beginning Date of Issu	e:	OKLAHOMA Transportation Oklahoma Department of Transportation Contract Compliance Division 200 N.E. 21st Street, Room 1-C1 Oklahoma City, OK. 73105-3204 Phone: 405-490-0381 Fax: 405-930-4184 Email: ODOT-ada-titlevi@odot.org Other
Type(s) of Disability/Dis	sabilities:	
Speech	☐ Hearing	☐ Visual
☐ Mobility	☐ Mental / Emotional	Other:
1. Nature and/or ca	ause of disability/disabilities:	
•	ccommodation are you requestin viding the accommodation(s).	ng? If known, please identify the source

3.	If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore?
4.	What limitations are interfering with your ability to perform your job or participate in an employment benefit?
5.	How do these limitations affect you and/or your job performance?
	What specific job tasks or employment benefits are problematic as a result of these limitations?
7.	If you are requesting a specific accommodation, how will that accommodation assist you?

Please attach and/or provide any additional information that might be useful in processing your complaint.

Contract Compliance Division by email: Chris.Thompson@odot.ok.gov or fax: 405-930-4184. If you require any assistance in filling out this form, please contact the ADA/504/508 Manager at 405-490-0381.				
Signature	Date			