



**DIXON UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT**

**Employee or Applicant
Confirmation of request for
REASONABLE ACCOMMODATION**

Executive Order 13164 dated July 26, 2000, requires that agencies track the processing of requests for reasonable accommodation and maintain the confidentiality of medical information in accordance with applicable law and regulations.

SECTION I.

1. **Name:** _____ **EmpID:** _____
2. **Home Address:** _____
3. **Home Telephone:** _____ **4. Work Telephone:** _____
5. **Site/Department:** _____
6. **Position title, subject area or grade of the position for which reasonable accommodation is requested:**

7. **Date of the request for reasonable accommodation:** _____
8. **Supporting documents is attached (i.e. physician statement):** YES

SECTION II.

ACCOMMODATION REQUESTED

(Be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc., or attach a description.)

SECTION III.

REASON FOR REQUEST

SECTION IV.

Signature

Date