

**DHA Staff Report of Verbal Request for Accommodation
Obvious Disability and Observed Need**

A. Applicant:

Name: _____

Telephone Number: _____

Development/Department: _____

B. Accommodation Information:

1. Obvious/observed or stated need for accommodation:

2. Requested accommodation:

3. Is the need for the requested accommodation readily apparent or known?
Explain.

C. Signature of Applicant:

Signed: _____

Date: _____

D. Employee Information:

Name: _____

Title: _____

Development/Department: _____

1. Observed/obvious need for accommodation(if different from that stated):

Signature: _____

Date: _____

For Use by 504 Coordinator

Date Reviewed: _____

Additional Information Required: _____

Approved: Yes _____ No _____

Comments: _____

