

**Federal Mine Safety and Health Review Commission  
Reasonable Accommodation Procedures  
Appendix D: Reporting Form**

**1. Name of requesting individual:**

**2. Office of requesting individual:**

**3. Job held or desired by employee/applicant requesting the reasonable accommodation  
(including occupational series, grade level, and office):**

**4. Determination of Disability:**

Does have a disability

Does not have a disability

No determination made

**5. Accommodation is:**

Approved as originally requested

Alternative offered (describe: \_\_\_\_\_)

Denied

**6. Date accommodation requested:**

**Request initially received by:**

**Date referred to Disability Program Coordinator, if applicable:**

**7. Date accommodation approved or denied:**

**Date accommodation provided (if different):**

**If time frames outlined in RAP were not met, explain why:**

**8. Accommodation needed for (check one):**

- Application Process**
- Performing Job Functions or Accessing Work Environment**
- Accessing a Benefit or Privilege of Employment (e.g. attending training program)**

**9. Accommodation Requested (describe):**

**10. Accommodation Provided (if different from requested):**

**11. Cost of accommodation provided:**

**12. Was medical information required to process this request? If yes, explain why.**

**13. Sources of technical assistance, if any, consulted in identifying possible accommodations (see Appendix E for examples):**

**Was reconsideration sought? If so, was it denied or granted? (Specify reasons and attach Chairman's written grant or denial).**

**Additional Comments:**

**Signature of Submitting Official (DPC):**

**Date:**