

REASONABLE ACCOMMODATION REQUEST FORM

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors.



Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____

*Oklahoma Department of Transportation
Civil Rights Division
200 N.E. 21st Street, Room 1-C1
Oklahoma City, OK. 73105-3204
Office: 405-521-4140
Fax: 405-522-2136*

Type(s) of Disability(ies):

Speech Hearing Visual
 Mobility Mental / Emotional Other: _____

1. Nature and/or cause of disability: _____

2. What specific accommodation are you requesting? If known, please identify the source and cost for providing the accommodation(s). _____

3. If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore? _____

4. What limitation(s) are interfering with your ability to perform your job or access an employment benefit? _____

5. How do these limitations affect you and/or your job performance? _____

6. What specific job tasks are problematic as a result of these limitations? _____

7. If you are requesting a specific accommodation, how will that accommodation assist you? _____

Please attached and/or provide any additional information that might be useful in processing your accommodation request.

The completed form must be submitted to the Oklahoma Department of Transportation's Civil Rights Division. If you require any assistance in filling out this form, please contact the ADA/504/508 Coordinator at 405-521-4140.

Signature

Date