



Franklin Central Supervisory Union  
Confirmation of Request for Reasonable Accommodation  
Supervisor/HR Asst: Forward to FCSU Benefits Coordinator immediately

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Section 1

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Applicant / Employee Name

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Applicant / Employee Telephone Number

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Date of Request

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Location & Job

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Supervisor / Reporter (please print)

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Section 2

Type of accommodation requested, if known. (Be as specific as possible)

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Section 3

Reason for Request.

If accommodation is time sensitive, please explain.

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**Privacy Act Statement**

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation.