



Accommodation Request HELP



accessibility, seeing, hearing, learning, safety,



emergency, my home, my work,



my community, attitudes people, transportation,



money / finances, technology.



Date: _____



I



need



help



with



My Name: _____

Leader or Director to fill in

Date Received: _____

Person completing this request: _____

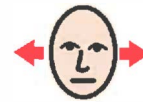


Request accommodated



yes

or



no



Why: _____

Date completed: _____ Copy to Manager of Quality and Innovation