**INSTRUCTIONS**

1. Complete all relevant fields of this form.
2. Attach a cover sheet to this form, which details the costs listed and explains the rationale for the accommodations requested.
3. Obtain all of the requested signatures at the bottom of this form.
4. Submit the original form with “wet” signatures to the Massachusetts Office on Disability. If approved, MOD will forward the form to the Office of Access and Opportunity.

**Contact information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** |       | **Secretariat** |       |
| **Agency Budget** |       |  |  |
| **Agency Head** |       | **Secretary** |       |
| **Agency ADA****Coordinator** |       | **Secretariat ADA** **Coordinator** |       |
| **Address** |       | **Address** |       |
| **City** |        | **City** |       |
| **State** |     | **State** |     |
| **Zip Code** |       | **Zip Code** |       |
| **Telephone** |       | **Telephone** |       |
| **E-mail** |       | **E-mail** |       |
| **CFO/Budget Director** |       |  |  |

**EMPLOYEE ACCOMMODATIONS**

|  |  |  |
| --- | --- | --- |
| **Description of Accommodations Granted** | **Number of Employees Accommodated** | **Costs** |
| **Technology** |       |       |
| **Office Environment/Equipment** |       |       |
| **Building Features (entrances, bathrooms, etc.)** |       |       |
| **Other (specify)**   |       |       |

|  |  |  |
| --- | --- | --- |
| **Description of Accommodations Pending** | **Number of Employees Accommodated** | **Costs** |
| **Technology** |       |       |
| **Office Environment/Equipment** |       |       |
| **Building Features (entrances, bathrooms, etc.)** |       |       |
| **Other (specify)**  |       |       |

**SIGNATURES**

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Agency Head Date Secretary Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency ADA Coordinator Date Secretariat ADA Coordinator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOD Representative Date ANF/OAO Representative Date