CONFIDENTIAL

State of Hawaii
Application for Victims Protections-Reasonable Accommodation

Name: _____ Telephone No.: _____

Other Contact Information: _____

Job Title/Department/Location: _____

_____

1. Accommodation request for: (Please check all that apply)

   - ☐ Changing contact information, such as telephone numbers, fax numbers, or electronic-mail addresses
   - ☐ Screening telephone calls
   - ☐ Restructuring job functions
   - ☐ Changing work location
   - ☐ Installing locks and other security devices
   - ☐ Allowing flexible work hours
   - ☐ Other (please specify) _____

   _____

2. Is your request time sensitive? ☐ Yes ☐ No

   If yes, please explain and provide date accommodation is needed: _____

   _____

3. Certification

   I certify that the above information is true and accurate:

   _____ _____
   Employee's Signature Date

4. Determination

   ☐ Approved Accommodation(s) Provided: _____

   _____

   ☐ Disapproved Reason(s) Denied: _____

   _____

   _____ _____
   Decision Maker's Signature Date

OFFICE USE ONLY

Received by: Date: