HRD Form VP-2 CONFIDENTIAL

## State of Hawaii <u>Application for Victims Protections-Reasonable Accommodation</u>

Name:				Telephone No.:	
Ot	her Contact Inforr	mation:			
Jo	b Title/Departmer	nt/Location:			
1.	Accommodation request for: (Please check all that apply)				
		ontact information, such	n as telephone numb	ers, fax numbers, or	
	Screening te	elephone calls			
	Restructurin	g job functions			
	Changing wo	ork location			
	Installing loc	ks and other security o	devices		
	Allowing flex	ible work hours			
	Other (pleas	e specify)			
2.	Is your request t	ime sensitive?	Yes	No	
	If yes, please ex	plain and provide date	accommodation is r	eeded:	
_	0 10				
3.	Certification				
	I certify that the above information is true and accurate:				
	Employee's Signature			Doto	
	Employee's	Signature		Date	
4.	Determination				
	Approved	Accommodation(s) Prov	vided:		
	дриочеа	Accommodation(3) 1 10	viaca.		
	Disapproved	Reason(s) Denied:			
	Decision Mak	er's Signature	_	Date	

	OFFICE USE ONLY	
Received by:		Date: