

Customer Reasonable Accommodation Request Form

WorkForce West Virginia (WFWV) is committed to providing an accessible and supportive environment for employees, claimants, and customers with disabilities. Equal access for qualified individuals with a disability is an obligation of WFWV under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. WFWV does not discriminate on the basis of disability against qualified individuals with a disability in any program, service or activity offered by WFWV.

Name of Person Needing Accommodation: (Please PRINT)	Name of Person Completing this Form (if different from person needing accommodation):	Evening Telephone Number:
Last 4 digits of SS#		
Address (Street/PO Box, City, State, Zip):		Email:
	Type of Accommodation Requested:	
Please provide any additional information tha	It may assist us in providing reasonable accommodation (specify):
Customor Signatura		
Customer Signature	Date	
	For Office Use Only	
Name of Local Office:	Received by:	Date:
Name of Program or Service:	Referred to:	Date Referred:
Action Taken:		
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NOTE: Copies of this request go to: Appropria E., Building 3, 3 rd Floor, Suite 3113, Charlestor	ate Field Supervisor and Nicholas Allen, EO Officer, Work n. WV 25305	Force WV, 1900 Kanawha Blvd.,
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1900 Kanawha Blvd. East * Building 3 Suite 300 * Charleston, WV 25305