Reasonable Accommodation for Capitol Campus Parking

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| ***Related Policy: No.*** [BR.04.01](https://des.wa.gov/sites/default/files/public/documents/About/rules/CampusParkingPolicy.pdf) Parking on the Capitol Campus |
| ***About this form:*** This form is used by the Office of Parking Services to determine how best to fulfill the parking accommodation you deemed as necessary. This form helps us understand the needs of the employee in terms of functional limitations they may be experiencing. An example of a functional limitation may be: “unable to walk/travel more than 200 feet without a rest period”.  ***Agency HR Representative:*** Please complete and email this form to the Office of [Parking Services](mailto:parking@des.wa.gov?subject=RA%20request). A parking representative will contact you within 48 hours to confirm receipt of the request and to begin discussions on options available to meet the employee’s accommodation needs as well as costs associated with any modifications needed to the parking infrastructure.  Please provide as much information as you can to help us meet your employee’s needs. In order to ensure employee privacy, **do not provide a diagnoses or other medical information regarding the subject employee within this form.** The Office of Parking will do its best to locate a parking space consistent with the information you provide regarding the employee’s reasonable accommodation as identified by you. |

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| **General Information** |
| **Agency:** |
| **Agency Human Resources (HR) Contact:** |
| **Email:** |
| **Phone:** |
| **Name of employee requesting reasonable accommodation:** |

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| **Please list the specific needs for the accommodation based on the limitations identified by you during your reasonable accommodation analysis:** | |
| Where does the employee currently park on the Capitol Campus? (If applicable) |  |
| Where is the employee requesting to park? |  |
| Are you requesting a temporary or permanent accommodation? |  |
| For temporary accommodation, please indicate the start and end dates: | Start:  Stop: |
| What is the work schedule of the person making the request? |  |
| Briefly describe functional limitations. (i.e. unable to climb stairs, unable to walk more than 200 feet) |  |
| What size of stall does the employee need? |  |
| Other (Please list) |  |

Thank you for informing us of a need for Reasonable Accommodation Parking on the Capitol Campus.

***Questions?*** Contact the Office of Parking Services at (360) 725-0030, or [parking@des.wa.gov](mailto:parking@des.wa.gov)