



To help us facilitate your request, please submit your completed form at least 10 business days before the date you need your accommodation to:

LABOR & INDUSTRIAL RELATIONS APPEALS BOARD
KEELIKOLANI BUILDING
830 PUNCHBOWL STREET, ROOM 404
HONOLULU, HAWAII 96813



ADA ACCOMMODATION REQUEST FORM

NAME (Last Name, First Name, Middle Initial):	
MAILING ADDRESS:	
TELEPHONE NUMBER:	
AB NUMBER:	
DCD NUMBER:	
DATE(S) OF PROCEEDINGS BEFORE THE LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD:	
DESCRIBE THE NATURE OF YOUR DISABILITY:	
DESCRIBE THE SPECIFIC ACCOMMODATION YOU REQUEST:	
Please provide any additional information that might be useful in reviewing your accommodation request.	
SIGNATURE of REQUESTER:	STAFF INITIALS:
DATE OF REQUEST:	