

REQUEST FOR REASONABLE ACCOMMODATION

| | | | |
|---|---------------------|---|-----------------------|
| | | | 1. Date of request |
| 2. Applicant or employee name | 3. Telephone number | 4. Applicant or employee e-mail address | 5. Employee's office |
| 6. Type of accommodation requested (<i>be specific</i>) | | | 7. Reason for request |

8. If accommodation is time sensitive, please explain:

This request form shall be given to your immediate supervisor and a copy sent to the Mission Area/Agency Disability Program Manager.
(*This form is necessary for record keeping purposes only and will not delay the processing of your initial request.*)

Mary Ward, ARS-Civil Rights Staff
1400 Independence Ave., SW, Room 3552-South
Washington, DC 20250
202-690-0372

9. Signature of Applicant or Employee

10. Date

REASONABLE ACCOMMODATION INFORMATION (*To Be Completed by Supervisor*)

| | | | |
|--|------------------------------------|--|------------------------------------|
| 1. Name of individual requesting accommodation | | 2. Office of the requesting individual | |
| 3. Reasonable accommodation (<i>Check one</i>) <input type="checkbox"/> Approved <input type="checkbox"/> Denied (If denied, attach copy of the "Denial of Accommodation Request" form - Form REE-173) | | 4. Name of individual to whom request was made | |
| | | 4a. Position title | |
| 5. Date accommodation was requested | 6. Date accommodation was referred | 7. Date accommodation was approved or denied | 8. Date accommodation was provided |

9. If time frames outlined in the reasonable accommodation procedures were not met, please explain why:

| | | |
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| 10. Job held or desired by individual requesting accommodation (<i>include occupation series, grade level and office</i>): | 11. Type(s) of accommodation requested | 12. Type(s) of accommodation provided |
|--|--|---------------------------------------|

13. Was medical information required to process this request? If yes, explain.

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|---|---|----------|--|
| 14. Cost of accommodation (<i>if any</i>) | 15. Sources of technical assistance, if any, consulted (<i>Job Accommodation Network, family member, rehabilitation counselor, other</i>) | | |
| 16. Signature of Supervisor | 17. Title | 18. Date | |