

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATIONOMB No. 0704-0498
OMB approval expires:
2022/09/30**INSTRUCTIONS**

This form should be completed whenever an employee or applicant requests an accommodation. For additional information or assistance in completing this form, please call the IMCOM-Europe Region Disability Program Manager (DPM). Upon completion of this form, please provide a copy to the deciding official, e.g., supervisor or other designee and a copy to the DPM.

You may be asked to provide medical information in support of your accommodation request. Under the Rehabilitation Act, any medical information obtained in connection with the reasonable accommodation process must be kept confidential and can only be disclosed to and by authorized parties in accordance with the Privacy Act. All medical information obtained in connection with a request for reasonable accommodation must be kept in files separate from the individual's personnel file and secured when not in use by the authorized parties. This includes the fact that an accommodation has been requested or approved and information about functional limitations. It also means that any employee who obtains or receives such information is strictly bound by these confidentiality requirements. For more information, please see the text of the Privacy Act of 1974 (5 U.S.C. 552a), as amended, <http://www.justice.gov/opcl/privstat.htm>, and the OPM regulations on the Employee Medical File Systems of Records, OPM GOVT-10.

1. APPLICANT OR EMPLOYEEa. NAME (*Last, First, Middle Initial*)b. TELEPHONE NUMBER
(*Commercial or DSN*)

c. EMPLOYEE'S ORGANIZATION

2. TODAY'S DATE**3. DATE OF REQUEST****4. ACCOMMODATION REQUESTED** (*Be as specific as possible, e.g., adaptive equipment, reader, interpreter.*)**5. REASON FOR REQUEST****6. IF ACCOMMODATION IS TIME SENSITIVE, PLEASE EXPLAIN****Return form to Disability Program Manager****7. DOCKET NUMBER** (*Assigned by USAG EEO Officer / Disability Program Manager*)**PRIVACY ACT STATEMENT**

AUTHORITY: 29 U.S.C. 791, 42 U.S.C. Chapter 126, 29 CFR Part 1630, E.O. 13163, E.O. 13164, and DoD Directive 1020.1.

PRINCIPAL PURPOSE(S): To document requests for reasonable accommodation(s) (regardless of type of accommodation) and the outcome of such requests for employees of Washington Headquarters Services/Human Resources Directorate serviced components with known physical and mental impairments and applicants for employment with Washington Headquarters Services/Human Resources Directorate serviced components. These records are covered by SORN DWHS P49: <http://dpclo.defense.gov/privacy/SORNs/component/osd/DWHSP49.html> and Privacy Impact Assessment <http://www.whs.mil/EITSD/PrivacyImpactAssessments.cfm>.

ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html apply to this collection.

DISCLOSURE: Voluntary. However, failure to provide sufficient information may delay or prevent an adequate basis to determine an appropriate accommodation.

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Additional Information

INSTRUCTIONS: The employee should fill and submit completed pages, appropriately signed, to their first-line supervisor and/or the Disability Program Manager. Attach additional pages as needed. Please do not send copies of medical records; if medical records are necessary, we will request them separately.

Employee's Signature / Date

Supervisor's Signature / Date

Employees may use this fillable template to provide information to the Disability Program Manager as part of the request process. Employees are not required to use the template, but each employee requesting an accommodation exception will be asked to provide the information during the process, in one form or another. The template is provided as a convenience to employees to help facilitate their request.