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**CONFIRMATION OF REQUEST  
FOR REASONABLE ACCOMMODATION**

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**1. INDIVIDUAL INFORMATION**

**Applicant or Employee Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Pay Plan, Series, Grade:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

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**Form Completed By:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**2. ACCOMMODATION REQUESTED** (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc)

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**3. REASON FOR REQUEST**

**If accommodation is time sensitive, please explain:**

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**Return Form to Supervisor**

**(Disability Program Manager will assign Number)**

**4. LOG NUMBER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Note:** This form should be completed by the employee making the reasonable accommodation request and provided to his/her supervisor. An applicant should return the form to any Army employee with whom the applicant has had contact in connection with the application process. If a third party is completing the form on behalf of the employee or a management official is documenting an oral reasonable accommodation request, a copy of the completed form will be provided to the employee to confirm receipt of the reasonable accommodation request. Supervisors must provide a copy of this form to the EEO Disability Program Manager, who will assign a log number and return a copy of the form to the supervisor.