
**CONFIRMATION OF REQUEST
FOR REASONABLE ACCOMMODATION**

1. INDIVIDUAL INFORMATION

Applicant or Employee Name: _____ **Date of Request:** _____

Email: _____ **Phone:** _____

Pay Plan, Series, Grade: _____ **Job Title:** _____

Organization: _____

Form Completed By: _____ **Date Completed:** _____

Email: _____ **Phone:** _____

Supervisor's Name: _____ **Email:** _____ **Phone:** _____

2. ACCOMMODATION REQUESTED: Describe any accommodation you believe would assist you in the performance of your duties: (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc)

3. REASON FOR REQUEST: Describe the nature of your medical condition and your limitations (including whether the condition and/or limitations are permanent or temporary):

4. Describe any impact of your present limitations on the performance of your duties:

5. If request is due to a work related injury, please provide Worker's Compensation Claim #

If accommodation is time sensitive, please explain:

Individual making the request signature:

Supervisor's Signature:

Return Form to Supervisor

(Disability Program Manager will assign Number)

6. LOG NUMBER: _____ **Date:** _____

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.