

REQUEST FOR REASONABLE ACCOMMODATION

Fort George G Meade EEO Office

PRIVACY ACT STATEMENT

The information you provide is covered by the Privacy Act of 1974, Title 5, U.S.C. 552a.

AUTHORITY: Collection of this information is authorized by Section 504 of the Rehabilitation Act of 1973, as amended 29 U.S.C. 794.

PRINCIPAL PURPOSE: Used for processing requests for reasonable accommodation by Department of the Army civilian employees and applicants for employment.

ROUTINE USES: Information will be used for support documentation and for review by appropriate agency personnel for requests for reasonable accommodation as defined in the AR 690-12, Appendix C

DISCLOSURE: Voluntary, however, failure to complete all appropriate portions of the form may lead to a delay in processing and / or denial of requests for reasonable accommodation on the basis of inadequate data.

TO BE COMPLETED BY EMPLOYEE OR APPLICANT

1. REQUESTOR'S NAME (<i>Last, First MI</i>)	2. HOME TELEPHONE NUMBER	3. WORK TELEPHONE NUMBER
4. ORGANIZATION		
5. POSITION / TITLE	6. JOB SERIES	7. GRADE
8. SUPERVISOR'S NAME (<i>Last, First MI</i>)	9. WORK TELEPHONE NUMBER	

10. I AM A PERSON WITH A DISABILITY, WHO IS REQUESTING A REASONABLE ACCOMMODATION UNDER THE REHABILITATION ACT OF 1973, AS AMENDED. THE ACCOMMODATION IS REQUESTED BECAUSE I HAVE THE MEDICAL CONDITION(S) DESCRIBED BELOW.

11. MY DISABILITY AFFECTS THE FOLLOWING MAJOR LIFE ACTIVITY AND I AM UNABLE TO COMPLETE CERTAIN JOB FUNCTIONS REQUIRED IN MY CURRENT POSITION OR NEED SOME ADJUSTMENTS IN MY WORK ENVIRONMENT OR IN THE APPLICATION PROCESS.

12. I AM REQUESTING THE FOLLOWING ACCOMMODATION(S).

SIGNATURE CERTIFICATIONS

13. COMPLETED BY			<input type="checkbox"/> a. REQUESTOR	<input type="checkbox"/> b. REPRESENTATIVE
14a. REQUESTOR OR REPRESENTATIVE (<i>Last, First MI</i>)	b. DATE (YYYYMMDD)	c. REQUESTOR'S OR REPRESENTATIVES SIGNATURE		
15. RECEIVED BY			<input type="checkbox"/> a. SUPERVISOR	<input type="checkbox"/> b. EEO OFFICIAL
16a. SUPERVISOR OR EEO OFFICIAL (<i>Last, First MI</i>)	b. DATE RECEIVED (YYYYMMDD)	c. SUPERVISOR'S OR EEO OFFICIAL'S SIGNATURE		