

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

Applicant or Employee Name: _____

Telephone Number: _____

Employee Only: Occupational Series: _____ Grade: _____

Applicant or Employee E-mail Address: _____

Date of Request: _____

Employee's Agency: _____

1. Accommodation Requested (be as specific as possible)

2. Reason for Request

3. If accommodation is time sensitive, please explain:

This request form shall be given to your immediate supervisor or Mission Area/Agency Disability Employment Program Manager. This form is necessary for recordkeeping purposes only and will not delay the processing of your initial request.

Today's Date: _____