

Appendix B

Reasonable Accommodation Request

Authority: Title 10, USC, Section 3012(g)

PRINCIPAL PURPOSE: To secure sufficient information to make inquiries into the matters presented and to provide a response to the requester(s) and/or to take action to correct deficiencies. Disclosure of the social security number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requester, accomplishment of the requested action(s), and response to the requester.

Employee/Applicant Name:	Social Security Number:
Job Title/Series/Grade:	Work Phone Numbers:
Organization/Division:	
Work Address:	
Home Address:	Home Phone Number:
Supervisor's Name:	
Supervisor's Job Title/Series/Grade:	
Supervisor's Work Telephone Number :	Fax:

1. How does your condition affect your ability to perform a major life activity?

Yes: ___ No: ___

Walking: _____ Hearing: _____ Caring for Oneself: _____ Performing
Manual Tasks: _____

Speaking: _____ Thinking: _____ Seeing: _____

Breathing: _____

Interacting with others: _____ Learning: _____

Concentrating: _____

Other (describe)

Appendix B

2. Describe any mitigating measure you are using because of your disability and the effect of these on your disability.

3. Describe how your condition limits your ability to perform the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

4. Describe the accommodations you are seeking.

5. Explain how the accommodations you are seeking will enable you to perform the essential functions of your position. Be specific.

6. Will you be able to perform all of the essential functions of your position if you receive the requested accommodation? If no, describe the specific functions you will not be able to perform.

Yes

No, describe

Appendix B

7. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your position? If you do, explain what type of assistance you need.

Yes, explain No

8. Provide any information or suggestions you can on the requested accommodation. If known, include the names, addresses, telephone numbers of vendors, and the model number and approximate cost of any equipment.

Employee Signature: _____ **Date:** _____

=====
If a representative for the employee or applicant provided the above information, please complete the following:

Representative's Name:

Organization:

Address:

Phone Number/ FAX:

Representative's Signature: _____ Date: _____