

Request for Reasonable Accommodation/Personal Assistance Services

Date of Request: _____ Date Received (HRO Only): _____

Applicant or Employee Information

Name: _____

Phone Number: _____

Email Address: _____

Office of Employee/Workcenter: _____

Accommodation Requested (be as specific as possible regarding the equipment, services, work space, or working arrangements) :

Reason for the Request (If the accommodation is time-sensitive then indicate the time-sensitive nature and explain why) :

Privacy Act Statement: The Rehabilitation Act of 1973, 29 U.S.C section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation and personal assistance services. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.