

REQUEST FOR REASONABLE ACCOMMODATION (OR BARRIER REMOVAL)

Instructions: Employee - Complete Section I of this form to request reasonable accommodation. Deciding Official - Complete Section II of this form and submit a copy to the Employee Relations Relation Branch and the Equal Employment Opportunity Office.

SECTION I - REQUESTOR INFORMATION

Name of Employee (or Applicant for employment): _____

Position Title, Series, and Grade: _____ Telephone Number: _____

Office/Division (if an Employee): _____ Date accommodation required: _____

Please indicate the type of item/service being requested by checking the appropriate box(es):

TYPE OF ACCOMMODATION:

- Equipment or device
- Reader, Interpreter
- Facilities alteration
- Other (Specify) _____

TYPE OF BARRIER:

- Transportation
- Communication
- Architecture
- Other (Specify) _____

Please identify your disability:

Is your disability of a permanent nature? Yes No Unknown

Is medical Information attached? Yes No

Please describe the type of accommodation/barrier. *(Attached additional sheet(s) if necessary.)*

Please explain how the item/service you are requesting will assist you in completing the essential functions of your job. If an applicant, explain how the requested item/service will assist you in the application process. *(Attach additional sheet(s) if necessary.)*

If you would like to designate a representative to assist you in the matter, please provide the name and telephone number:

SIGNATURE : _____ DATE : **12/19/07**

SECTION II - ACTION TAKEN ((TO BE COMPLETED BY DECIDING OFFICIAL))

SIGNATURE: _____

TITLE: _____

TELEPHONE NUMBER: _____

DATE: _____