

## REQUEST FOR REASONABLE ACCOMMODATION

Applicant/Employee Name

Office Location and Address

Occupational Series and Grade (e.g., GS-301-11)

Office Telephone Number

Briefly describe the medical condition requiring accommodation.

Briefly describe the specific accommodation being requested. *(If additional space is needed, attach a separate sheet.)*

Explain how the requested accommodation would assist you in: (1) performing the essential duties of your position, (2) using the job application process, or (3) taking advantage of a benefit or privilege offered by the office/bureau.

Requestor:

Date: