U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-6079 (Rev. 03-06)

REQUEST FOR REASONABLE ACCOMMODATION

Applicant/Employee Name	Office Location and Address
Occupational Series and Grade (e.g., GS-301-11)	Office Telephone Number
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Briefly describe the medical condition requiring accommodation.	
Driefly describe the appoific accommodation being requested	(If additional areas is readed attach a concrete about)
Briefly describe the specific accommodation being requested.	(II additional space is needed, attach a separate sneet.)
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:	