VA **Department of Veterans Affairs**

WRITTEN CONFIRMATION OF REQUEST FOR ACCOMMODATION

An oral request from an employee is sufficient to begin the reasonable accommodation process. Completion of this form is voluntary. However, individuals who have requested an accommodation are asked to fill out this form for record-keeping purposes.

The Paperwork Reduction Act (PRA) of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the PRA. We cannot sponsor or require you to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average ten minutes including the time it will take to read the instructions, gather the necessary facts, and fill out the form.

Privacy Act Information: The information requested on this form is solicited under the authority of Executive Order 13164 that requires the collection of data that will allow measurement and evaluation of the efficiency and appropriateness of the actions taken by the Department of Veterans Affairs in processing accommodation requests. Information from the data collection will become part of a System of Records that complies with the Privacy Act of 1974. This System of Records is identified as "Reasonable Accommodation Processing Records" as set forth in the Compilation of Privacy Act issuances via online GPO access at **http://www.gpoaccess.gov/privacyact/index.html**.

If you need assistance in completing this form, please contact the Local Reasonable Accommodation Coordinator.

NAME OF EMPLOYEE	PHONE NUMBER OF EMPLOYEE *(Include Area Code)*	DATE OF REQUEST	TODAY'S DATE

EMAIL ADDRESS OF EMPLOYEE	OFFICE OF EMPLOYEE

SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER

ACCOMMODATION REQUESTED *(Be as specific as possible)*

REASON FOR REQUEST

IF ACCOMMODATION IS TIME SENSITIVE, PLEASE EXPLAIN BELOW

Employees should give this form to their immediate supervisor or the LRAC.

NAME OF LRAC	PHONE NUMBER OF LRAC	LOG NUMBER ASSIGNED

This form should be retained separately from the employee's Official Personnel Folder.