

## ACKNOWLEDGEMENT OF RECEIPT OF REQUEST

The purpose of this form is to confirm that your request for accommodation was received and to provide information to you. If our information regarding your request is incorrect, please contact me as soon as possible.

I will be the Designated Management Official (DMO) for this request.

MY NAME IS	MY PHONE NO. IS	MY EMAIL IS	DATE OF REQUEST
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MY ALTERNATE IS	ALTERNATES PHONE NO.	ALTERNATES EMAIL
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YOU REQUESTED THE FOLLOWING ACCOMMODATION(S)

THIS ACCOMMODATION WILL ALLOW YOU TO

ACCESS THE APPLICATION/INTERVIEW PROCESS

PERFORM ESSENTIAL JOB FUNCTIONS OR ACCESS THE WORK ENVIRONMENT

ACCESS A BENEFIT OR PRIVILEGE OF EMPLOYMENT (*e.g., attend a training program or a social event*)

OUR RECORDS SHOW THAT THIS REQUEST

IS TIME SENSITIVE

IS NOT TIME SENSITIVE; IF IT IS TIME SENSITIVE, PLEASE NOTIFY ME IMMEDIATELY

NEXT STEPS:

I will meet with you to discuss your request and any options for providing an effective accommodation. If necessary, I will consult with the Local Reasonable Accommodation Coordinator (LRAC), VA's National Reasonable Accommodation Coordinator, and/or the Job Accommodation Network. I will keep you informed as to my progress. It is my goal to decide on your request and provide the accommodation, if approved, within less than 30 calendar days. Time sensitive requests will be processed as soon as possible to meet the deadline.

INTERIM ACCOMMODATIONS

WILL BE PROVIDED BY THIS DATE (*If applicable*) \_\_\_\_\_

WILL NOT BE PROVIDED BECAUSE \_\_\_\_\_

THE INTERIM ACCOMMODATION WILL BE

If you have any questions, please contact me via the email address or phone number provided above. You may also contact the LRAC identified below.

NAME OF LRAC	PHONE NUMBER OF LRAC	EMAIL ADDRESS OF LRAC
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This form should be retained separately from the employee's Official Personnel Folder.