

CONFIRMATION OF REASONABLE ACCOMMODATION REQUEST**PRIVACY ACT STATEMENT**

Privacy Act Statement: The collection of this information is authorized by 29 USC 791 et seq. This information will be used to process a request for reasonable accommodation. As a routine use, the information may be disclosed to: appropriate agency officials processing or otherwise responding to the request for reasonable accommodation and/or decisions related to such request; an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the DON is a party or has an interest; to a government agency in order to obtain information relevant to DON decision(s) concerning reasonable accommodation; to a congressional office in order to obtain information relevant to DON decision(s) concerning reasonable accommodation; to an expert, consultant or other person under contract with the DON to fulfill an agency function; to an investigator, administrative judge or complaints examiner appointed for the investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the Federal Labor Management Relations Act; to the Office of Personnel Management in making determinations related to disability retirement and benefit entitlement; to officials of the Office of Workers' Compensation Programs; to the Department of Veterans Affairs; to an employee's private treating physician and to medical personnel retained by the DON to provide medical services in connection with an employee's health or physical condition related to employment; and to the Occupational Safety and Health officials when needed to perform their duties. Completion of this form is voluntary. If this information is not provided, processing the request for reasonable accommodation may not be possible.

LOCATION <i>(Physical Location of Requested Reasonable Accommodation):</i>	DATE <i>(DDMMYYYY):</i>	Request Type: <input type="checkbox"/> My Own Behalf <input type="checkbox"/> On Behalf Of
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PART I Requestor's Information (To be completed by Requestor or "On Behalf Of" Requestor)

1. NAME <i>(Last, First, Middle Initial):</i>	2. ORGANIZATION:	
3. OFFICE SYMBOL/DEPARTMENT:	4. PHONE <i>(DSN and Commercial):</i> DSN: COM:	
5. OFFICIAL E-MAIL ADDRESS:	6. JOB TITLE AND GRADE/RANK:	
7. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> LN <input type="checkbox"/> Other _____	8. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> APPLICANT	9. OFFICIAL MAILING ADDRESS:

10. REASONABLE ACCOMMODATION REQUEST DESCRIPTION AND EXPLANATION *(Please provide a detailed description of your request):***PART II Details for Reasonable Accommodation (To be completed by Requestor or "On Behalf Of" Requestor)**

10a. DESCRIBE ANY IMPACT OF YOUR PRESENT LIMITATIONS ON THE PERFORMANCE OF YOUR DUTIES:

10b. DESCRIBE ANY ACCOMMODATION YOU BELIEVE WOULD ASSIST YOU IN THE PERFORMANCE OF YOUR DUTIES:

10c. IF REQUEST IS DUE TO A WORK RELATED INJURY, PLEASE PROVIDE WORKER'S COMPENSATION CLAIM #:

10d. DESCRIBE THE NATURE OF YOUR MEDICAL CONDITION AND YOUR LIMITATIONS (include if Limitations are permanent or temporary):

I certify that the statements and information contained in this document and any attachments are true and complete to the best of my knowledge. I hereby give permission to release any information contained in this request to authorized officials with a need to know.

PART III Certification of Requestor and/or Designated Appointee or Approving Official

11. REQUESTOR'S SIGNATURE:	12. ORGANIZATION/DEPARTMENT:	13. PHONE NUMBER:	14. DATE (DDMMYYYY):
15. SUPERVISOR'S SIGNATURE	15a. SUPERVISOR'S E-MAIL ADDRESS:	15b. PHONE NUMBER:	

The signature above acknowledges receipt of this request for accommodation and all attachments if any.