



**CONFIRMATION OF REQUEST  
FOR REASONABLE ACCOMMODATION**

**Date of request:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Applicant or Employee's Name:** \_\_\_\_\_

**Applicant or Employee's Phone Number:** \_\_\_\_\_

**Office of Employee:** \_\_\_\_\_

**Accommodation Requested** (be as specific as possible, eg., adaptive equipment, reader, interpreter, working space modification): \_\_\_\_\_

**Reason for the Request (if the accommodation is time sensitive, indicate this then explain):**

**Log Number:** \_\_\_\_\_

**(Assigned by the Disability Program Manager)**

**Privacy Act Statement**

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.