

RA Number:

### Reasonable Accommodation Request Form

To be completed by employee, applicant, representative, or receiving official.

Note: Employee is not required to fill out form.

Request Date

Name

Phone Number

Email

Business Unit

Occupational Series

Grade

Post of Duty

Work Address

Supervisor's name

Phone Number

Email address

Office Manager or Administrative Officer's Name

Phone Number

Email address

Briefly describe the specific accommodation requested, if known, and whether it will likely be a repeated request, e.g. sign language interpreter. Be as specific as possible, e.g. computer equipment, modified furniture, schedule change. If the requested accommodation is time sensitive, please explain.

Briefly describe the medical reason for the requested accommodation.  
Attach your medical documentation to support your request, if any.

Employee/Applicant/Representative's Signature