

This form may be completed by job applicants or employees requesting an accommodation. Job applicants/employees should submit the completed form to the interviewer/supervisor. (For all items, attach additional pages, if necessary.)

1. REQUESTOR'S NAME	2. DATE OF REQUEST
3. MAILING ADDRESS OF OFFICE/FACILITY OR HOME ADDRESS, IF AN APPLICANT	4. DAYTIME TELEPHONE NUMBER ()
	5. JOB/POSITION TITLE

Please answer the following questions to assist the agency understand the basis and nature of your request for an accommodation. The information you provide will be treated confidentially and will be handled on a need-to-know basis.

1. What are the functions of the position which would be or are affected by your disability?

2. Describe any type of accommodation which will enable you to perform the functions of the position.

3. Do you have documentation to support your disability? YES ___ NO ___ If YES, please attach.

REQUESTOR'S SIGNATURE	DATE
SUPERVISOR'S/INTERVIEWER'S SIGNATURE	DATE
SUPERVISOR'S/INTERVIEWER'S COMMENTS:	

Upon completion, the supervisor/interviewer should process this form in accordance with agency procedures.

Information or assistance regarding accommodation requests can be obtained by contacting the agency Disability Services Coordinator in the agency Personnel Office. All requests for accommodation will be reviewed in accordance with Management Directive 205.25.

ACTIONS TAKEN/DETERMINATION MADE/DATES:

DATE OF DECISION:

DATE EMPLOYEE/APPLICANT NOTIFIED OF
DECISION: