

REQUEST FOR REASONABLE ACCOMMODATION



1. Applicant/Employee Name:		2. Date of Request:
3. Occupational Series and Grade: (e.g., GS-301-11)	4. Applicant/Employee Phone Number:	
5. Office: (e.g., ISS/Transformation & Modernization)	6. Duty Location and Building:	
7. Supervisor's Name:	8. Supervisor's Phone Number:	
9. Work Schedule Hours:	10. Days Worked:	
11. Current Telework Days:		
12. Briefly describe the medical condition ¹ requiring accommodation:		
13. Briefly describe the specific accommodation being requested: (If additional space is needed, attach a separate sheet)		
14. If the requested accommodation is time sensitive, please explain:		
15. Explain how the requested accommodation would assist you in: (1) performing the essential duties of your position, (2) using the job application process, or (3) taking advantage of a benefit or privilege offered by the Fiscal Service.		
Requester's Signature:		Date:

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¹In reviewing your request, it may be determined that medical documentation is needed to support your accommodation request. If that is the case, you will be requested to provide limited medical information sufficient to support your request.

NOTICE UNDER THE PRIVACY ACT

The authority for collecting this information is The Rehabilitation Act of 1973 (29 U.S.C. § 701), as amended and Executive Order 13164. This information will be used by the Equal Employment Opportunity Office to process the request for a reasonable accommodation, and to report on the reasonable accommodation program as mandated by federal law. The information on this form may be disclosed as generally permitted under the Privacy Act of 1974, as amended, 5 U.S.C. § 552a. Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the processing of the request.

Please Return to: Reasonable Accommodation Program
200 Third Street, Room 3104, Parkersburg, WV 26106
Fax 304.480.6074
RA@fiscal.treasury.gov