

EMPLOYEE CONFIRMATION OF REQUEST for RA

1. Date of submission to RAC and /or Decision-Maker :		2. Date of Initial Employee Request:	
3. Agency Official Accepting Request:			
4. Applicant or Employee Making Request:			
5. Employee's Location (AAShip/Program Office/Division/Branch):			
6. Employee's Supervisor:			
7. Designed Agency Decision-Maker:			
8. LORAC (if applicable):			
9. Type of Accommodation Requested: (check all that apply)			
No Cost / Low-Cost	Repeat/Recurring	Facility Access	
Higher-Cost	Essential Job Function(s) (if checked, complete #12)	Accessing a Benefit or Privilege of Employment	
Reassignment			
10. Specific Accommodation Requested by Employee:			
11. Functional Limitations Requiring an Accommodation:			
12. List essential job functions: (Consult with the employee's supervisor to identify the essential job functions)			
Employee or Applicant	Date	Agency Official Receiving Request	Date
I do not want my medical to be disclosed to any EPA official other than the identified D-M and NRAC I do not want my medical information to be disclosed to my supervisor or supervisory chain NOTE — Return Form to NRAC			