

APPENDIX B

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION FORM

1. Today's Date _____ 2. Date of Request _____

3. _____ 4. _____
Applicant's or Employee's Name Applicant's or Employee's Telephone No.

5. _____
Employee's Office, Grade and Occupational Series

6. _____
Employee's Supervisor's Name and Telephone Number

7. _____
Name and Telephone Number of Agency Official to which Request was originally made

8. TYPE OF ACCOMMODATION REQUESTED: (For example, workplace modified for wheelchair usage; assistive technology for vision impairment; personal assistance services (PAS) for a person with a targeted disability. If specific equipment or other effective accommodation known, please specify)

9. REASON FOR REQUESTING REASONABLE ACCOMMODATION: (Identify impairment requiring a change in the work place or application process)

10. IS THIS REQUEST LIKELY TO BE REPEATED?: (check) YES NO

11. NAME OF DECISION-MAKER*: _____

12. SIGNATURES

Employee or Applicant

Agency Official Receiving Request*

Please send the completed form to the National Reasonable Accommodation Coordinators (NRACs) and/or the applicable Local Reasonable Accommodation Coordinator (LORAC) for tracking and processing.

*This signature is not required. By signing this form, the Agency official who received the request is ONLY acknowledging that they are aware that a request has been made. The Appendix D documents the decision and accommodation provided.

Privacy Notice: Requesting a reasonable accommodation is a voluntary process. Due to the confidential nature of reasonable accommodation as well as the requirements of the Privacy Act, only those persons listed on this form, or others in the performance of their official duties on a "need to know" basis, shall have access to this information or be involved in any discussion related to this employee's request. **Statutory Authority:** Section 501 Rehabilitation Act of 1973, Executive Order 13164, Establishing Procedures to Facilitate the Provision of Reasonable Accommodation, dated October 20, 2000 as well as Equal Employment Opportunity Commission (EEOC) reasonable accommodation regulations and guidance. **Purpose and use:** The information collected on this form is used to facilitate the reasonable accommodation process for individuals with disabilities. **Routine Use:** In some limited cases, EPA must work with external partners to provide information about a reasonable accommodation request and/or record of a reasonable accommodation or to aid in an investigation for an EEO complaint. EPA General routine uses A, B, C, F, I, J, K apply. Please refer to Amendment to General Routine Uses for information about routine use <https://www.federalregister.gov/documents/2008/01/14/E8-445/amendment-to-general-routine-uses>. **Consequence for Not Supplying Personally Identifiable Information (PII):** If an employee or applicant does not provide the necessary information, including medical information (Sensitive PII) then a decision-maker may deny the reasonable accommodation request.