

APPENDIX B

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

1. INDIVIDUAL INFORMATION

Applicant or Employee Name: _____ Date of Request: _____

Email: _____ Phone: _____

Pay Plan, Series, Grade: _____ Job Title: _____

Organization: _____

Form Completed By: _____ Date Completed: _____

Email: _____ Phone: _____

2. ACCOMMODATION REQUESTED (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc)

3. REASON FOR REQUEST

If accommodation is time sensitive, please explain:

Return Form to Supervisor

(Disability Program Manager will assign Number)

4. LOG NUMBER: _____ Date: _____

Note: This form should be completed by the employee making the reasonable accommodation request and provided to his/her supervisor. An applicant should return the form to any Army employee with whom the applicant has had contact in connection with the application process. If a third party is completing the form on behalf of the employee or a management official is documenting an oral reasonable accommodation request, a copy of the completed form will be provided to the employee to confirm receipt of the reasonable accommodation request. Supervisors must provide a copy of this form to the EEO Disability Program Manager, who will assign a log number and return a copy of the form to the supervisor.