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**CONFIRMATION OF REASONABLE ACCOMMODATION REQUEST (Disability)**

(See Privacy Act Statement on Reverse)

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**INFORMATION ON REQUESTOR**

NAME	OCCUPATIONAL SERIES, GRADE LEVEL	OFFICE (include correspondence symbol)
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

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**REQUEST**

DATE	NEED (Check one) <input type="checkbox"/> APPLICATION PROCESS <input type="checkbox"/> PERFORMING JOB FUNCTIONS OR ACCESSING WORK ENVIRONMENT <input type="checkbox"/> ACCESSING A BENEFIT OR PRIVILEGE (e.g., attending a training program or social event) <input type="checkbox"/> PERSONAL ASSISTANCE SERVICES
TYPE(S) (e.g., adaptive equipment, staff assistant, removal of architectural barrier)	

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REASON(S) (if accommodation is time sensitive, please explain)

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SIGNATURE OF REQUESTOR	DATE
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## PRIVACY ACT STATEMENT

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Requesting a reasonable accommodation is a voluntary process. Due to the confidential nature of reasonable accommodations and in accordance with the Privacy Act, access to the information you provide on this form shall be limited to individuals with a "need to know," which includes those individuals mentioned in the routine uses section of the System of Records Notice, [GSA-HRO-1](#).

Statutory Authority: The Rehabilitation Act of 1973, United States Code - 29 U.S.C. § 791; The Americans with Disabilities Act of 1990, 42 U.S.C. § 12101; Title VII of the Civil Rights Act, 42 U.S.C. § 2000e-16; the Family and Medical Leave Act of 1993, 29 U.S.C. § 2601; 40 U.S.C. § 3173; Executive Order - E.O. 13164 (July 28, 2000); E.O. 13548 (July 26, 2010); E.O. 14042 (September 9, 2021); and E.O. 14043 (September 9, 2021).

Purpose and Use: The information collected on this form is used to facilitate the reasonable accommodation process for individuals with disabilities or religious beliefs provided in support of a request for accommodation or exemption from a requirement or penalty.

Routine Use: In some limited cases, GSA must work with external partners to provide information about a reasonable accommodation request and/or record of a reasonable accommodation. The routine uses listed in GSA/HRO-1 apply.

Consequence for Not Supplying the Requested Information: If an employee or applicant does not provide the necessary information, including medical or religious information, then a decision-maker may deny the reasonable accommodation request.