

TEMPLATE A – EMPLOYEE WRITTEN REQUEST FOR ACCOMMODATION



Note: An oral request for accommodation from an employee/applicant or person acting on their behalf is sufficient to begin the accommodation process. Recommend the HQ/ Regional Administrative Officer complete this form if a verbal request is made. Completion of this document is voluntary; however, completion of this form assists in ensuring DOE has sufficient information to expedite processing the request.

Date: _____

Full Name:

Last

First

Middle Initial

Mailing Address:

Street Address

City

State

Zip Code

Email Address:

Phone:

Job Title:

Pay Plan/Series/Grade:

Supervisor's Name:

Shared Service Center or Human Resources Office (SSC/HRO) location:

Please answer the following completely. Additional pages may be attached.

Describe the nature of your medical condition and its impact on your ability to perform your job:

Describe how your disability affects your major life activity/activities:

Describe specific accommodation(s) or modification(s) that you are requesting to assist you in performing your duties:

If request is due to a work related injury, provide Worker's Compensation Claim Number:

*NOTE: If your need for an accommodation is not obvious or documented, you must provide documentation from an appropriate medical professional, such as a doctor, rehabilitation counselor, or vocational counselor,

PRIVACY ACT STATEMENT

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal Law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the GSA in connection with its responsibilities for records management.

Privacy Act statements are required on electronic or paper forms that programs uses to collect Personal Identifiable Information (PII) from individuals, when the information will be entered into a Privacy Act System of Record (SOR). Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397, should reflect amendments that were made in 2008. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.