



## CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

Instructions: To be completed by HCTM, Supervisor and/or OCRD

<b>1. REQUESTER INFORMATION</b>	
Job Applicant or Employee Name	Job Applicant or Employee Telephone Number
Job Applicant or Employee Address	Employee Office or Office for which Job Applicant is requesting Reasonable Accommodation
Job Applicant or Employee E-mail Address	Date of Request
If you are completing the form on behalf of an employee/applicant, provide your name, address, telephone number, and relationship to the employee/applicant.	
<b>2. REASONABLE ACCOMMODATION REQUESTED</b> (Please be as specific as possible)	
<b>3. REASON FOR REQUEST</b>	
If Reasonable Accommodation is time-sensitive, please explain the need for expedited service:	
<b>RETURN FORM TO REASONABLE ACCOMMODATION PROGRAM MANAGER (RAM) IN OCRD</b> (RAM will assign Log Number)	
4. Signature of Requester	5. Log Number

This form is necessary for record-keeping purposes.

## PRIVACY ACT STATEMENT

Pursuant to the Privacy Act of 1974, 5.U.S.C. § 522a, USAID furnishes the following statement to individuals supplying information for a request for a reasonable accommodation at USAID.

**AUTHORITY:** Sections 501, 504, and 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 791, 794, 794d.

**PURPOSES AND ROUTINE USES:** USAID collects this information for use in determining whether individuals are entitled to a reasonable accommodation. This information is collected and maintained by USAID.

Information collected in connection with a request for reasonable accommodation is confidential. It is shared only with Agency officials or Agency contractors who need to review the information to make determinations on a reasonable accommodation request.

**EFFECT OF NONDISCLOSURE:** **Supplying the information is voluntary on your part.** However, without requested information, USAID will not be able to process requests for reasonable accommodation.