U.S. CUSTOMS AND BORDER PROTECTION
DIABILITY ACCOMMODATION REQUEST FORM

Employee/Prospective Employee Name	Position Title, Series, and Grade	Office Location and Address
Work Phone Number **Ext.**	**Home or Mobile Phone Number**	**Supervisor's Name**
Supervisor's Title	**Supervisor's Work Phone Number** **Ext.**	**Supervisor's E-mail**

Briefly describe the medical condition requiring accommodation.*

Briefly describe the specific accommodation being requested. (If additional space is needed, attach a separate sheet.)

Explain how the requested accommodation would assist you in: (1) performing the essential duties of your position, (2) using the job application process, or (3) taking advantage of a benefit or privilege offered by the office/bureau.

Date

Instructions to Submit

Click the "Submit by E-mail" button and a pop-up will appear entitled "Send E-mail". Under the "How would you like to send this e-mail?" option, select:

For CBP Network E-mail: select "Default e-mail application" and click "Continue" to send directly from your government Outlook mailbox.
For Private E-mail: select "Use Webmail" and click "Add Gmail/Yahoo/or Other" to send from your personal E-mail service provider.
Other Operating Systems or E-mail Servers: Complete the form and save a copy. Once saved, open your e-mail service, attach a copy of the completed form, and e-mail the form to **PDOTaskings@cbp.dhs.gov**.

Submit by E-mail