



## Section I. Employee Information

Name (First MI Last):

Position Title, Series and Grade:

Office Location and Address:

Work Phone Number:

Ext.:

Home or Mobile Phone Number:

Ext.:

Home Address:

## Section II. Supervisor's Information

Name and Title of Immediate Supervisor:

Work Phone Number:

Ext.:

E-Mail:

## Section III. Request for Disability Workplace Accommodation

Briefly describe the medical condition requiring accommodation.

Briefly describe the specific accommodation being requested.

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.

(IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED ABOVE)

## Section IV. Applicant/ Employee Acknowledgement

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in revocation of any approved accommodation and/or disciplinary action.

Employee's Signature:

Date: