



# IRS, Office of Chief Counsel

## REASONABLE ACCOMMODATION REQUEST FORM

Please select one:

☐

Applicant

☐

Current Employee

Name: \_\_\_\_\_ Series/Grade: \_\_\_\_\_

Position Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office/Bureau Name: \_\_\_\_\_

Office Location/Address: \_\_\_\_\_

Briefly describe the medical condition requiring accommodation:

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

Please explain how the requested accommodation would assist you in 1) performing the essential duties of your position; 2) during the application process; or 3) taking advantage of a benefit or privilege offered by the office/bureau:

Supervisor/Interviewer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

*Please return to: RA Coordinator, Kimberly F. Johnson  
kimberly.f.johnson@irscounsel.treas.gov OR*

*Attention: Reasonable Accommodation Request  
Labor & Employee Relations Division (LER)  
Finance & Management (FM)  
IRS, Office of Chief Counsel  
1111 Constitution Ave, NW Washington, DC 20220*