
Reasonable Accommodation Request

Part I – Written Reasonable Accommodation Request

To be completed by applicant for employment, employee, or personnel management specialist to document reasonable accommodation request.

Part II – Deciding Official Documentation

To be completed by Deciding Official for use in information tracking purposes. Part II, Items 5, 6, and 7, may be provided to Health Care Practitioner, Social Worker, or Rehabilitation Counselor as supplemental information. **(Internal Use Only)**

Part III – Medical Documentation

To be completed by Health Care Practitioner, Social Worker, or Rehabilitation Counselor.

Part IV – Denial of Reasonable Accommodation Request

To be completed by Deciding Official to document the denial of reasonable accommodation. **(Internal Use Only)**

Reasonable Accommodation Request

Part I – Written Reasonable Accommodation Request

To be completed by applicant, employee, or personnel or management official

1. Applicant/Employee			2. Occupational		3. Office Phone Number
Last Name	First Name	SEID No.	Series	Grade	(Including Area Code)

4. Mailing Address:						
Address 1	Address 2	Room #	Mail Stop	City	State	Zip
Email Address						

5. Operating Division/Function (select from drop down menu)	6. Tracking Log No. [To be completed by Servicing EEOD Office]
---	--

7. Disability category. (select from drop down menu)

Briefly, describe the disability/medical condition requiring accommodation.

8. Describe the requested reasonable accommodation.

9. Check the appropriate box below (may check more than one box) and explain how the reasonable accommodation will assist the applicant/employee in:

- Application process Performing Job Functions or Accessing the Work Environment Accessing a Benefit or Privilege of Employment (e.g., attending training program or social event)

Explanation

10. Comments, if any.

I affirm that all statements made above are true to the best of my knowledge and belief.

Signature of Applicant/Employee	Date
---------------------------------	------

Return Part I to Servicing EEOD Manager

Reasonable Accommodation Request

Part III – Medical Documentation

To be completed by a Health Care Practitioner, Social Worker, or Rehabilitation Counselor

Name of Applicant/Employee

Instructions

We have been requested to consider a reasonable accommodation for the individual named above. An accommodation is a logical adjustment made to a job and/or the work environment that enables a qualified employee/applicant with a disability to successfully perform the essential duties or functions of the position. We request that you provide medical information which reflects:

- that the individual has one or more physical or mental impairment that substantially limit(s) one or more of his/her major life activities (e.g., walking, speaking, breathing, hearing, seeing, thinking, sitting, standing, reaching, interacting with others, learning, performing manual tasks, caring for oneself, concentrating, lifting, working, sleeping).
- that there is a relationship between the substantially limiting medical condition(s) and the requested accommodation.

NOTE: For your information, a copy of the appropriate job description is attached.

Medical Documentation

1. Have you made a diagnosis that relates to this reasonable accommodation request? If yes, please state the diagnosis. [If additional space is needed, please attach a separate sheet.]

2. Please explain the impact of this medical condition on major life activities listed above.

3. What is the anticipated duration of this medical condition?

4. Is it your opinion that your patient will be able to perform the essential functions of his/her position safely and effectively if the reasonable accommodation he/she has requested is provided?

Yes No

If no, please explain. [If additional space is needed, please attach a separate sheet.]

Certification

Health Care Practitioner, Social Worker, Rehabilitation Counselor Name

Office Address

Office Telephone Number

I understand that an IRS medical consultant may contact me for additional information.

Signature

Date

Return Part III to Servicing EEOD Manager

Reasonable Accommodation Request

Privacy Act Statement

Collection of the requested information is authorized by Section 501 of the Rehabilitation Act, 29 U.S.C. § 791. The information you furnish will be used for the purpose of facilitating your request. Additionally, the information may be used to disclose information to: appropriate Federal, state or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions when necessary to adjudicate a claim for benefits; a Federal agency in connection with a decision in hiring, retention or the granting of a security clearance. It may also be used in an administrative or judicial proceeding affecting an employee's personnel rights and in any criminal prosecutions for willfully making false or fraudulent statements in violation of U.S.C. § 1001. Additional uses may include disclosure to the Department of Justice for the purpose of litigating any civil, administrative, or judicial proceeding where the United States, the IRS, or its employees (in their official capacities or where the government has decided to represent them) are parties. It may also be used in response to subpoena from a third party provided that (1) IRS is a party in interest, (2) the records are relevant and necessary to the litigation, and (3) not otherwise privileged. This information may be provided to professional associations, such as state bar disciplinary authorities, for use in connection with their administration of standards of conduct. Further, it may be disclosed to contractors when necessary to perform work associated with reasonable accommodation and to those Federal agencies that oversee property and procurement matters. Furnishing the requested information is required to establish that you have a covered disability, the functional limitations of your disability, and the need for reasonable accommodation. Failure to fully complete the form or refusal to provide the requested documentation may lead to a breakdown in the reasonable accommodation process and could result in a determination that you are not entitled to reasonable accommodation.