

REQUEST FOR REASONABLE ACCOMMODATION

See Administrative Instructions Manual 19.01.00

PRIVACY ACT STATEMENT

Read this statement before submitting your request.

The Social Security Administration is authorized to collect the information requested on this form by title 5, USC 4501 et seq. Disclosure of this information is voluntary, however, failure to fully complete the form may make it impossible for SSA to process the request. The information provided by you will be used to facilitate the processing of your request. SSA will not make any disclosure of this information to agencies or individuals outside this department unless required by law or with your written consent. We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Disclosure by you of your Social Security number (SSN) is required under Executive order 9397 and is necessary to obtain the services, benefits or processes that you are seeking. The SSN is used as an identifier in the Federal Service because of the large number of present and former federal employees and applicants whose identity can only be distinguished by use of the SSN.

1	TO (Immediate Supervisor) <input type="text"/>	DATE OF REQUEST <input type="text"/>	
2	NAME <input type="text"/>	SOCIAL SECURITY NO. <input type="text"/>	PHONE (Include Area Code) <input type="text"/>
	POSITION TITLE AND GRADE <input type="text"/>	ORGANIZATION <input type="text"/>	TIMEKEEPER <input type="text"/>
	OFFICE ADDRESS <input type="text"/>	OFFICE CODE <input type="text"/>	FAX (Include Area Code) <input type="text"/>
3	DISABLING CONDITION <input type="text"/>		
4	ACCOMMODATION REQUESTED <input type="text"/>		
5	JUSTIFICATION (Briefly describe your employment situation and state the reason you need the accommodation you are requesting) <input type="text"/>		
6	SIGNATURE <input type="text"/>		

SEE REVERSE SIDE FOR DISPOSITION OF REQUEST

DISPOSITION OF REQUEST

INSTRUCTIONS: This portion should be completed for each written request for reasonable accommodation submitted by a disabled individual. The management official with the authority to approve or deny the request is the "Approving Official." For guidance, see AIMS Instruction 19.01.

REQUEST RECEIVED BY (Name of Supervisor) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	TITLE OF SUPERVISOR <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	DATE RECEIVED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
7	<p style="text-align: center;">ACTION BY IMMEDIATE SUPERVISOR</p> <p>Where the immediate supervisor has the authority, he/she will either approve or deny the request. If the request is denied, this form should be submitted to the next higher supervisor for concurrence or reversal before a final decision is given to the requester. If the immediate supervisor does not have final authority a brief recommended decision is made to the next higher supervisor. The individual with final authority (Approving Official) should sign and date this form in the appropriate space below.</p> <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Recommended Approval <input type="checkbox"/> Denied <input type="checkbox"/> Recommended Denial </p>	
COMMENTS <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
8	<p style="text-align: center;">ACTION BY SUBSEQUENT REVIEWERS</p> <p style="text-align: center;"> <input type="checkbox"/> Concur <input type="checkbox"/> Recommended Approval <input type="checkbox"/> Nonconcur <input type="checkbox"/> Recommended Denial </p>	
COMMENTS <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
TITLE OF SUPERVISOR <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p style="text-align: center;"> <input type="checkbox"/> Concur <input type="checkbox"/> Recommended Approval <input type="checkbox"/> Nonconcur <input type="checkbox"/> Recommended Denial </p>		
COMMENTS <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
TITLE OF SUPERVISOR <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
SIGNATURE (Approving Official) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
TITLE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
DATE ACCOMMODATION PROVIDED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		