



# REQUEST FOR REASONABLE ACCOMMODATION (RA)

A verbal request for RA from an employee/applicant, or person acting on their behalf, is sufficient to begin the accommodation process. Individuals receiving a verbal request for RA must document the request via this document. In all cases, each request for RA must be submitted to the Local Reasonable Accommodation Coordinator (LRAC).

## CONTACT INFORMATION

Date: \_\_\_\_\_

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Email

\_\_\_\_\_

Phone No.

\_\_\_\_\_

Job Title

\_\_\_\_\_

Pay Plan/Series/Grade

\_\_\_\_\_

Supervisor's Name

\_\_\_\_\_

Supervisor's Email

\_\_\_\_\_

Supervisor's Phone No.

\_\_\_\_\_

Identify the name and location of the applicable Servicing Human Resources Office or Shared Service Center

## PLEASE COMPLETE EACH OF THE FOLLOWING

- 1) Describe the nature of your medical condition and its impact on your ability to perform your job.

*NOTE: If your need for an accommodation is not obvious or documented, you must provide documentation from an appropriate medical professional, mental health professional, rehabilitation counselor, or vocational counselor.*

2) Describe how your disability affects your major life activity/activities.

3) Describe the specific accommodation(s) that you are requesting to assist you in performing your duties.

## CERTIFICATION

I, \_\_\_\_\_, certify 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 the withdrawal of any reasonable accommodation granted. I also understand that the contents of this request will be shared only as necessary to consider the approval and/or implementation of an appropriate accommodation.

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Employee's Signature

Date

## PRIVACY ACT STATEMENT

**AUTHORITY:** The Americans with Disabilities Act Amendment Act of 2008 (42 U.S.C. § 12101 et seq.) and the Department of Energy Organization Act (42 U.S.C. § 7101) authorizes the collection of this information. The information provided through this form is covered by a DOE Privacy Act system of record, DOE-33, *Personnel Medical Records*, which was last updated in volume 74 of the Federal Register, pages 1032-1035, published on January 9, 2009.

**PURPOSE:** This information is needed to evaluate and process employee requests for reasonable accommodation at the Department of Energy.

**ROUTINE USES(S):** This information will be used by and disclosed to DOE personnel, contractors, or another federal agency who will need the information to facilitate credentialed access to a federal government facility. DOE may disclose this information in courts or in administrative proceedings, to the tribunals, counsel, other parties, witnesses, and the public (in publicly available pleadings, filings, or discussion in open court) if the disclosure is relevant and necessary for the proceeding and compatible with the purpose for which the Department originally collected this information. This information may be provided to DOE employees or contractors who have a need for the information in the performance of their duties or to fulfill contract requirements, pursuant to the purpose established in DOE-33.

**DISCLOSURE:** This information (including additional identifying data) is required and necessary to process an individual's request for reasonable accommodation. A request cannot be processed if required information is missing.

*This serves as record of the employee's reasonable accommodation. A copy of this document will be retained by the LRAC, separate from the employee's Official Personnel File.*

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VISIT US: [HCnet.doe.gov/reasonable-accommodation](https://www.hcnet.doe.gov/reasonable-accommodation)



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