



DEPARTMENT OF THE ARMY
ARMY NATIONAL MILITARY CEMETERIES
ARLINGTON NATIONAL CEMETERY
ARLINGTON, VA 22211-5003

SAAC-EEO

Request for Reasonable Accommodation

Application for reasonable accommodation may be made to the supervisor or the [EEO Office](#). If the request is made to the supervisor, the supervisor will forward the request to the EEO Office. **All confidential information received by personnel pertaining to your request shall be handled as such.** All medical information is legally protected and must be handled IAW HIPAA.

SECTION A: To be completed by Employee and returned to Supervisor.

i. INDIVIDUAL INFORMATION:

Applicant or Employee Name: _____ Date of Request: _____

Email: _____ Phone: _____

Pay Plan, Series, and Grade: _____ Job Title: _____

Organization: _____

Form Completed by, if other than applicant/employee: _____

Email: _____ Phone: _____

ii. ACCOMMODATION REQUESTED: *(Be as specific as possible in stating the request. For example, adaptive equipment, an interpreter, a reader, etc.)*

iii. REASON FOR REQUEST:

If the accommodation is time-sensitive, please explain:

iv. Signature: _____ **Date:** _____

Return Form to Supervisor

Section B
Response to Request for an Accommodation

Your application for an accommodation has been reviewed:

Your request has been approved.

Comments:

Section C
Notification of Need for Additional Information

We are continuing to assess your request. To make a determination, we need the following information:

Medical Documentation

Please inform your doctor of your application for an accommodation and have your doctor send us medical documentation, indicating the limitations that your disability would place on your job performance.

A copy of the position description; or

A list of the essential functions of your position is attached for your doctor's reference.

Information should be sent by the following date: _____

The report should be provided only to ANMC Disability Program Manager
_ email: juan.l.torres.civ@army.mil

All medical information pertaining to reasonable accommodation will be kept confidential.

We require no additional information from you at this time.

The Agency's review process will include an evaluation of all relevant information. After completion of the review, you will be informed in writing regarding the decision.

Disability Program Manager Signature: _____

Section D

Notification of Agency Determination

Based on the information you provided, the Agency is able to provide you with a reasonable accommodation, as follows:

The accommodation granted is as you requested in your application.

Explain:

The accommodation granted differs from the accommodation you requested, as follows:

Signature of Supervisor:

Employee Acknowledgment:

The employee should retain a copy of this form, and return the original with his or her signature to the supervisor.

I accept ____ / reject ____ the above reasonable accommodation.

Employee Signature: _____