

**APPENDIX B
CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATIONS**

1. INDIVIDUAL INFORMATION

Applicant or Employee Name (Last, First, MI): _____ Phone: _____

Pay Plan, Series, Grade: _____ Email: _____

Job Title: _____ Date of Request: _____

Organization: _____ UIC: _____

Form Completed by: _____ Date Form Completed: _____

Phone: _____ Email: _____

2. ACCOMMODATION REQUESTED: *(Be as specific as possible, e.g... Sit-n Stand, CPU Reader, Interpreter, Telework, FMLA, Weather or Safety Leave, Telework, Alternate Work Scheduled*
The USANEC must approve all special software prior to installation

3. REASON FOR REQUEST: *Be cautious "NOT" to provide any sensitive medical information that may violate the HIPAA Act of 1996, Public Law 104-191.*

If accommodation is time sensitive, please explain:

Provide Form to Supervisor, Supervisor Forward to EEO

4. Supervisor Signature Acknowledge Receipt: _____ **Date:** _____

5. Docket Number: *(EEO Office will assign number)* _____ **Date:** _____

NOTE: This form should be completed by the employee making the reasonable accommodation (RA) request and provided to his/her supervisor. An applicant should return the form to any Army employee with whom the applicant has had contact in connection with the application process. If third party is completing the form on behalf of the employee or a management official is documenting an oral RA request, a copy of the completed form will be provided to the employee to confirm receipt of the RA request. Supervisors must provide a copy of this form to the EEO Office or Disability Program Manager, who will assign a log number and return a copy of the form to the supervisor.