Appendix A: DHS HQ Reasonable Accommodation Request Form

This form should be completed when an employee or job applicant requests a reasonable accommodation. For additional information or assistance in completing this form, please contact the DHS Headquarters Reasonable Accommodation Program Manager (RAPM) at accommodations@hq.dhs.gov or at (202) 357-1204.

Upon completion, access the Accessibility Compliance Management System (https://accessibility.dhs.gov/) online and upload this form, along with any supporting documentation, using the “Request Assistance” button.

Individual Requesting or Needing Reasonable Accommodation (Type or Print)

Name of Employee or Applicant:	
Job Title:	
Job Series & Grade:	
Program Office:	
Phone/Mobile Phone:	
E-mail Address:	
Work Address:	
Supervisor’s Name:	
Job Title:	
Phone/Mobile Phone:	
Email Address:	
Work Address:	
Do you work in a SCIF?	☐ Yes ☐ No

Is Yes, how often?	☐ 30% or less ☐ 50% ☐ More than 50%
Which LAN(s):	☐ LAN A ☐ LAN B ☐ LAN C

1. **TYPE OF ACCOMMODATION REQUESTED, IF KNOWN**: (*Be as specific as possible, e.g., assistive technology, reader, interpreter, schedule modification)*

2. **PRIOR OR EXISTING ACCOMMODATION** (*Please identify any current or previously approved accommodations)*

3. **REASON FOR REQUEST**

   a. **Describe the Nature of the Impairment/Condition:**

   b. **Major Life Activity(ies) Affected:**

   c. **Essential Job Functions Requiring Accommodation(s):**

d. **How will the accommodation(s) enable you to perform your essential job functions and/or allow you to participate in the benefits and privileges of employment:**

4. **SUPPORTING DOCUMENTATION (***failure to provide the below information may cause delay and/or denial)***:**

- **DHS HQ Medical Statement Form (Appendix B)** to authorize your healthcare provider/professional to release medical records and/or information pertaining to your medical condition that is needed to address questions related to your requested reasonable accommodation.
- **Limited Medical Release Form (Appendix C)** of your impairment/condition if the limitation it is not obvious. Additional information may be requested to evaluate your request for the requested accommodation.
- **Position Description and Performance Plan**, whichever most-accurately captures your essential duties.

PRIVACY ACT STATEMENT

The Rehabilitation Act of 1973, 29 U.S.C. § 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be to medical personnel to meet a bona fide medical emergency; to another Federal agency, court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.