

**CONFIRMATION OF REQUEST
FOR REASONABLE ACCOMMODATION
(For Use by Applicants and Employees)**

Privacy Act Statement

Authority: The Privacy Act of 1974 (Privacy Act), 5 U.S.C. § 552a as amended, requires that you provide USAGM with certain information in order to process a request. The Rehabilitation Act of 1973, 29 U.S.C. § 701 as amended, stipulates that Federal agencies must provide reasonable accommodation to qualified individuals with disabilities. Further, Executive Order 13164 mandates that Federal agencies provide written procedures for requesting reasonable accommodations and maintain records in order to monitor the procedure's effectiveness.

Purpose: To provide reasonable accommodations to employees and applicants with disabilities according to Executive Order 13164.

Routine Uses: The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ALL-033 - Reasonable Accommodations Records System of Records, 76 Fed. Reg. 41,274 (July 13, 2011) and upon written request, by agreement, or as required by law.

Disclosure: USAGM's obligation to consider an individual's request for reasonable accommodation begins when the individual makes the request. However, the Request for Reasonable Accommodation form should be filled out as soon possible following a request. The disclosure of information on this form is voluntary; however, failure to provide the requested information may prevent USAGM from accommodating your request.

Requestor's name:

Date of request:

Email address:

Phone number:

Job Title, Series, and Grade:

Office and Symbol:

Supervisor/Second Level:

1. Accommodation requested, if known: (be as specific as possible, e.g., adaptive equipment, reader, interpreter, working space modification, etc.)

2. Reason for the request (briefly explain the physical or mental impairment that is the basis of this request and how it affects your ability to either perform functions of the position or participate in Agency-sponsored activities):

3. If you believe the accommodation is time sensitive, please explain:

Request No.

(Disability Program Manager will assign number)

(Return form to ReasonableAccommodation@usagm.gov or DPM)