



M-14.4, Room 2110
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**CONFIDENTIAL
 ACOMMODATION REQUEST FORM**

If you need help in completing this form, please contact the Disability Resource Center.

Section A: Customer Information

Name of the customer who will receive services:	Operating administration:	Date:
Federal employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position/Title:	Series and grade:
Office mailing address (no post office boxes please) Room number/routing symbol:		
Street address:		
City:	State:	Zip:
Phone (Voice):	Phone (TTY):	Fax:
Employee's E-mail:		
Supervisor's E-mail:		
Supervisor's name (for job accommodation requests):	Phone number:	
Name of person completing form (if different than the customer):	Phone number: Relationship to customer:	
Disability Information (Check all that apply to the request for service):		
<input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Learning	<input type="checkbox"/> Cognitive/Developmental <input type="checkbox"/> Dexterity <input type="checkbox"/> Mobility <input type="checkbox"/> Psychiatric	<input type="checkbox"/> Hidden disability <input type="checkbox"/> Temporary <input type="checkbox"/> Other:

The Services are for:		
<input type="checkbox"/> Myself <input type="checkbox"/> Visitor on official business	<input type="checkbox"/> My employee <input type="checkbox"/> Job applicant	<input type="checkbox"/> My organization <input type="checkbox"/> Other:

Is this a Worker's Compensation Claim?
<input type="checkbox"/> Yes Claim number:
<input type="checkbox"/> No

Section B: Job Accommodation Information

Briefly explain the primary limitations that you are experiencing in performing your job.

What accommodation(s) are you requesting?

(If you have a particular accommodation in mind, please describe it and include specific information such as the brand or model name.)

- Sign language interpreter services** (please complete an interpreter request form)
- Computer modification** (adaptive keyboard, alternative mouse, voice input, screen reader, screen magnifier, Braille display, etc.)
- Communication technologies** (TTY, PC TTY, telephone amplifier, signaling devices, assistive listening device, telephone headset, etc.)
- Workspace modifications** (non-structural changes to furniture or storage)
- Services** (readers, note takers, personal assistance services)
- Media in alternative formats** (Braille, large print, ASCII, audio, captioning)
- Other:** _____
- Not sure what I need**

What date did you first discuss this request with your supervisor?

____/____/____ Have not discussed to date

Do you currently use accommodations or assistive technologies?

- Yes If yes, please describe:
- No

What's Next?

Thank you for taking time to complete this form. The DRC "Analyst On-Call" will review your information and forward your request to a Disability Resource Analyst who will contact you promptly. The analyst will discuss some or all of the following information with you prior to providing a reasonable accommodation.

- ◆ What are your job functions (**provide a copy of your position description**)?
- ◆ How will the accommodation help you on your job?
- ◆ What is the setting in which the accommodation will be used?
- ◆ Medical documentation might be required.

Feel free to contact us if you have any questions.

Reasonable accommodations create equal opportunities in the workplace.