



## Confirmation of Reasonable Accommodation Request

**Employees, applicants for employment, and affiliated persons who are requesting reasonable accommodation: Please complete this form and send to [OEO-Accommodation@si.edu](mailto:OEO-Accommodation@si.edu).**

### 1. REQUESTOR INFORMATION

NAME		UNIT	
EMAIL ADDRESS(ES)		PHONE NUMBER(S)	
DATE OF REQUEST		SUPERVISOR'S NAME	
<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> AFFILIATED PERSON (Intern, Volunteer, etc.)	
JOB TITLE		SERIES	GRADE

2. REASONABLE ACCOMMODATION REQUESTED (Be as specific as possible, e.g., adaptive equipment, reader, interpreter)

3. REASON FOR REQUEST (How will reasonable accommodation help you at work? Diagnosis is not required on this form. Submit medical information to Occupational Health Services using the "Request for Medical Information form.")

4. IF REASONABLE ACCOMMODATION IS TIME-SENSITIVE, PLEASE EXPLAIN:

5. SIGNATURE OF REQUESTOR

6. LOG NUMBER (Disability Program Manager shall assign number)

7. NAME OF RECEIVING OFFICIAL (If other than DPM)

8. SIGNATURE OF RECEIVING OFFICIAL (If other than DPM)

**PRIVACY STATEMENT:** Any medical information obtained by the Smithsonian in the reasonable accommodation process will be maintained and disclosed only in accordance with the Smithsonian's Privacy Policy, Smithsonian Directive 118, and applicable law. For additional information, please see the Smithsonian's Procedures for Providing Reasonable Accommodation for Individuals with Disabilities.