

Army and Air Force Exchange Service

CONFIRMATION OF DISABILITY ACCOMMODATION REQUEST

Exchange Associates and/or Applicants: Please provide the following information and return this completed form to your supervisor (associate) or the Human Resource Office (applicant) as soon as possible.

1. _____
Applicant's or Associate's Name (please print) Today's Date

Associate's Facility Number Date of Request (if different than Today's Date)

Associate's (Applicant's) Phone Number

_____ Job title or vacancy announcement # desired by individual requesting reasonable accommodation. (Applicants Only)

2. ACCOMMODATION NEEDED FOR: (check one)

- Application Process
- Performing Job Functions or Accessing the Work Environment
- Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event)

3. REASON FOR THE REQUEST

If accommodation is time sensitive, please explain:

**** Exchange Associates and Applicants: If your request for an accommodation is denied, you have a right to file an EEO complaint (see EEO poster for additional information), file a union grievance (associates only, if covered by a Collective Bargaining Agreement), or request Reconsideration of a Denial through the Principal Management Official. Please see the Human Resource Manager for additional information.**

Requestor's Signature _____ Signature of Exchange Official _____ Date Received _____
Receiving this Request

TO BE COMPLETED BY MANAGEMENT

4. Determined that individual does does not have a disability as defined by the Rehabilitation Act; or no disability determination made .

Accommodation (Exchange Management Use Only):

Approved Denied

Approved with Changes

If the deciding official offered an accommodation that is different from the one originally requested, explain: (a) the reasons for the denial of the accommodation originally requested; and (b) why the alternative accommodation would be effective.

If an alternative accommodation was offered, indicate whether it was: Accepted Rejected Denied

- Requestor does not have a Rehabilitation Act Disability
- Accommodation Ineffective
- Accommodation would cause undue hardship
- Medical documentation inadequate
- Accommodation would require removal of essential function
- Accommodation would require lowering performance or production standard
- Other (Please identify) _____

Additional comments:

EXCHANGE OFFICIAL ONLY

Exchange Official (print name) _____

Date _____

Exchange Official (signature) _____

PRIVACY ACT: The Rehabilitation Act of 1973, 29 U.S.C. section 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, a 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 from the record of an individual 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.