Office of Inspector General
U.S. Department of Homeland Security

Homeland Security

REASONABLE ACCOMMODATION REQUEST INTAKE FORM

The Office of Inspector General (OIG) encourages use of this form by individuals requesting the reasonable accommodation of a qualified disability. Use of this form is not mandatory in order to request an accommodation but will assist the OIG in completing review of the request.

Please direct any questions about completion of this form, including requests for alternative formats accessible to people with disabilities, to the designated Reasonable Accommodations Specialist in HRMD or to the OIG Reasonable Accommodations inbox **OIG.ReasonableAccommodations@oig.dhs.gov**.

1. Applicant's/Employee's Name — Date of Request

2. Applicant's/Employee's Telephone Number

3. Program Office and Location

4. Name of Requester (*if other than Applicant/Employee*) — Telephone Number

5. Supervisor's Name — Telephone Number — Location

6. Disability/Condition for which accommodation is requested:

7. Type of accommodation requested, if known. Be as specific as possible, *e.g.*, assistive technology, reader, interpreter, schedule change:

8. Reason for request as it relates to being a barrier to work or the workplace. *For example, "I'm having trouble getting to work at my scheduled starting time because of medical treatments I'm undergoing." "I need six weeks off to get treatment for a back problem." "My wheelchair cannot fit under the desk in my office."*:

9. If accommodation is time sensitive, please explain:

10. Is this accommodation one you will need on a recurring basis?

Yes

No

If yes, please explain:

Section B. For HRMD/OC Use Only

1. Tracking

Date Request Received:

Date Confirmation Provided to the Applicant/Employee:

2. Medical Documentation

Joint HRMD-OC determination that medical documentation is necessary

HR Rep: OC Rep:

Date Requested: Date Provided:

Type of Documentation Provided:

If documentation required, is it adequate?

Yes

No

Comments:

3. **Third Party Assessment**
Date of Request:

Provider:

Contact Person:

4. Summary of “interactive process”:

Section C. Final Action

1. Date Employee/Applicant received accommodation, if approved:

2a. HRMD comments:

2b. Name

Signature: Date:

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, 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.