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**Reasonable Accommodation Request Form**

**Complete and fax by the Job Opportunity Announcement closing date or other specified timeframe if provided.**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First Middle Initial*

**Mailing Address:**  
\_\_\_\_\_  
*Street City State Zip Code*

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
*Day Evening Cell*

**Last 4 digits of Social Security Number:** \_\_\_\_\_

**Job Opportunity Announcement Number:** \_\_\_\_\_

**Claimed disability:** \_\_\_\_\_

**How it affects my major life activity:** \_\_\_\_\_

**Accommodation requested:** *(describe the specific assessment accommodation that you are requesting)*

**Documentation:** You must provide documentation from an appropriate professional such as a doctor, rehabilitation counselor, or vocational counselor, concerning your asserted impairment and functional limitations as they pertain to the online assessment process. **Note: Your failure to provide supporting documentation may result in a delay or the inability to grant your request.**

**Process:** Your request will be evaluated by the USA Hire Program Office, in cooperation with you, to determine an appropriate accommodation for the online assessments for your asserted impairment; however, this will not be a generalized determination that you are a qualified individual with a disability under the Rehabilitation Act and the Americans with Disability Act for purposes of job accommodations. You will be contacted via the email address or phone number you provided above. **Fax this completed form and supporting documentation to (888)765-5552.** If you have any questions or concerns about the online assessments, you may contact the USA Hire Program Office at **USAHire\_Accommodations@opm.gov.**

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