



Private and Confidential – To protect your privacy, only submit this form as part of your response to an applicant help desk ticket. See below for additional information.

Reasonable Accommodation Request Form

Complete and submit by the Job Announcement closing date or other specified time frame, if provided.

Full Name: _____ **Date:** _____
Last First Middle Initial

Mailing Address:

Street City State Zip Code

Email Address: _____

Phone Number(s): _____

Job Announcement Number: _____

Claimed disability: _____

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 Reasonable Accommodations team, 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. Complete this form and attach it to your help ticket. Please also remember to include your supporting documentation when replying.

If you do not have a help ticket, you can create one using this link: <https://apply.usastaffing.gov/HelpTicket>