



Private and Confidential – Do not attach to email. Only faxes are accepted to protect your privacy.

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:

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