

Disposition of Reasonable Accommodation Request

See final page of this form for the Privacy Act Statement

| ARCHIVES | | | | | | | | |
|--------------------------------------------------|------------|--------------------------|-------------|-----------------------|--|--|--|--|
| 1. REQUESTER'S NAME | | 2. ORGANIZATION | 3. NARA DEC | ISION MAKER | | | | |
| | | SYMBOL | | | | | | |
| | | | 1 | | | | | |
| 4. DATE OF REQUEST | 5. REQUEST | | 6. DATE | REQUEST GRANTED, | | | | |
| | GRANTED | (Complete #'s 6, 7, & 8 | | D, DENIED, OR | | | | |
| | | (Complete #'s 6, 7, & 8 | | AWN | | | | |
| | | | | | | | | |
| | | complete #'s 6, 7, 9 &10 | | | | | | |
| | | VN (Complete #'s 6 & 7) |) | | | | | |
| 7. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED | | | | | | | | |
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| | | | | Characters remaining: | | | | |

8. TYPE OF REASONABLE ACCOMMODATION GRANTED AND/OR MODIFIED

9. REASON FOR MODIFICATION

Characters remaining:

| 10. | DETAIL | ED REA | SON(S) I | FOR | DENIAL: |
|-----|--------|--------|----------|-----|---------|
|-----|--------|--------|----------|-----|---------|

MEDICAL DOCUMENTATION INADEQUATE TO ESTABLISH THAT THE INDIVIDUAL HAS A DISABILITY AND NEEDS AN ACCOMMODATION

ACCOMMODATION WOULD CREATE AN UNDUE HARDSHIP -

Significant difficulty or expense and focuses on the resources and circumstances of NARA in relationship to the cost or difficulty of providing a specific accommodation.

OTHER

Characters remaining:

11. EMPLOYEE SIGNATURE/DATE

12. SUPERVISOR SIGNATURE/DATE

Return completed form to Disability Program Manager (DPM), NEEO, within 3 business days Provide a copy of completed form to the requester

Privacy Act Statement

The Rehabilitation Act of 1973, 29 U.S.C. § 791, and Executive Order 13164 authorize collection of this information, as does the Federal Records Act, at 44 U.S.C. 2104(a). The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to: a Federal, State, or local agency, to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners, to the extent necessary to carry out their authorized duties regarding Federal employment; to an expert, consultant, agency or contractor for NARA, to the extent necessary for them to assist NARA in the performance of its duties; to the Department of Justice in a proceeding before a court; and to appropriate agencies and entities in the event of a data breach. A complete list of routine uses can be found in the system of records notice associated with this collection of information, NARA 44, Reasonable Accommodation Request Records, 78 Fed. Reg. 77255 (Dec. 20, 2013). Providing this information is voluntary. However, if you fail to provide this information, NARA will not be able to process your Reasonable Accommodation request.