

REQUEST FOR REASONABLE ACCOMMODATION

Instructions: FSIS employees requesting accommodation should complete all blocks except Section 3 - number 2. Applicants for FSIS positions should complete Section 1 - numbers 1 through 4, and Section 3 - number 2 and Section 4. Use of this form is not mandatory to request an accommodation but will assist FSIS in completing the review of the request.

Please submit your completed form and any questions to: ReasonableAccommodations@usda.gov

1. Date of Request: (mm/dd/yyyy)

SECTION 1 - EMPLOYEE INFORMATION

2. Name: (Last, First, Middle Initial)	3. E-mail: (firstname.last@usda.gov)	4. Phone: (1234567890)	5. Program Area/OFO District:
6. Duty Station:	7. Position: (Title, Series, Grade)	8. Supervisor's Name: (Last, First)	9. Supervisor's Phone: (1234567890)

SECTION 2 - ACCOMMODATION REQUESTED (Please answer the following questions completely, using additional pages if necessary)

1. Describe the nature of your medical condition and its impact on your ability to perform your job:

2. Describe how your disability affects your major life activities: (i.e. walking, lifting, breathing, hearing, etc.)

3. Describe the accommodation that you are requesting. If the accommodation is time sensitive, please explain:

SECTION 3 - REASON

1. If the request is due to work related injury, provide Worker's Compensation Claim Number:

2. FSIS Applicants only: Reason for request and job announcement number, if applicable:

SECTION 4 - SIGNATURE

1. Signature of Employee/Applicant:	2. Date: (mm/dd/yyyy)
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Note: If your need for an accommodation is not obvious or documented, FSIS reserves the right to request medical documentation.

Privacy Act Statement

Collection of the requested information is authorized by Section 501 of the Rehabilitation Act, 29 U.S.C. § 791. The information you furnish will be used for the purpose of facilitating your request. Additionally, the information may be used to disclose information to: appropriate Federal, state or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions when necessary to adjudicate a claim for benefits; a Federal agency in connection with a decision in hiring, retention or the granting of a security clearance. It may also be used in an administrative or judicial proceeding affecting an employee's personnel rights and in any criminal prosecutions for willfully making false or fraudulent statements in violation of U.S.C. § 1001. Additional uses may include disclosure to the Department of Justice for the purpose of litigating any civil, administrative or judicial proceeding where the United States, the IRS, or its employees (in their official capacities or where the government has decided to represent them) are parties. It may also be used in response to subpoena from a third party provided that (1) IRS is a party in interest, (2) the records are relevant and necessary to the litigation, and (3) not otherwise privileged. This information may be provided to professional associations, such as state bar disciplinary authorities, for use in connection with their administration of standards of conduct. Further, it may be disclosed to contractors when necessary to perform work associated with reasonable accommodation and to those Federal agencies that oversee property and procurement matters. Furnishing the requested information is required to establish that you have a covered disability, the functional limitations of your disability, and the need for reasonable accommodation. Failure to fully complete the form or refusal to provide the requested documentation may lead to a breakdown in the reasonable accommodation process and could result in a determination that you are not entitled to reasonable accommodation.