



## WRITTEN CONFIRMATION OF REQUEST FOR ACCOMMODATION

**An oral request from an employee is sufficient to begin the Reasonable Accommodation (RA) or Personal Assistance Services (PAS) process. Completion of this form is voluntary. However, individuals who have requested an accommodation are asked to fill out this form for record-keeping purposes per [VA Handbook 5975.1](#).**

**Privacy Act Information:** The information requested on this form is solicited under the authority of Executive Order 13164 that requires the collection of data that will allow measurement and evaluation of the efficiency and appropriateness of the actions taken by the Department of Veterans Affairs in processing accommodation requests. Information from the data collection will become part of a System of Records that complies with the Privacy Act of 1974. This System of Records is identified as "Reasonable Accommodation Processing Records" and/or "Personal Assistant Services Processing Records" as set forth in the Compilation of Privacy Act issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>.

If you need assistance in completing this form, please contact the Reasonable Accommodation Coordinator (RAC).

1. EMPLOYEE NAME	2. EMPLOYEE PHONE NUMBER <i>(Include Area Code)</i>	3. DATE OF REQUEST
4. EMPLOYEE EMAIL ADDRESS	5. EMPLOYEE POSITION/TITLE	
6. SUPERVISOR'S NAME	7. SUPERVISOR'S PHONE NUMBER	8. SUPERVISOR'S EMAIL ADDRESS

9. ACCOMMODATION REQUESTED *(Be as specific as possible, i.e., temporary, full-time telework with compressed work schedule)*

10. REASON FOR REQUEST *(Be as specific as possible. When completing this form, please DO NOT include any medical conditions (diagnoses, duration of condition, severity of ailments, medication taken, treatment plan, etc.) Listing associated functional limitations caused by your medical conditions is RECOMMENDED. i.e., prolonged walking (less than 30 minutes), lifting (less than 5 pounds), etc.)*

Please note, medical documentation *maybe* required to determine if an employee has a disability covered by the ADA & Rehabilitation Acts, which *may* entitle him or her to a reasonable accommodation. If the disability is visible or known, such as blindness or paralysis, medical documentation is not required. The assigned Reasonable Accommodation Coordinator (RAC) will determine if medical documentation is required and if so, will send the VA0857e, Request for Medical Documentation form to the employee.

**MEDICAL DOCUMENTATION GOES ONLY TO THE ASSIGNED RAC**

Employees should provide this form to the RAC. RAC will assign Log Number below for record keeping purposes.

11. RAC NAME	12. RAC PHONE NUMBER	13. LOG NUMBER ASSIGNED YEAR _____ CASE NUMBER _____
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