



### CENTRALIZED ACCOMMODATION FUND APPLICATION

NAME OF ORGANIZATION/OFFICE	NAME OF MANAGER/SUPERVISOR
MANAGER/SUPERVISOR EMAIL ADDRESS	MANAGER/SUPERVISOR TELEPHONE NUMBER

PURPOSE OF ACCOMMODATION REQUEST *(Please check)*

TO ATTEND CAREER DEVELOPMENT TRAINING *(Identify the training and how it improves the employee's career opportunities.)*

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TO ENABLE THE EMPLOYEE TO PERFORM THE DUTIES OF THE JOB

TO ALLOW THE EMPLOYEE TO ENJOY THE BENEFITS AND PRIVILEGES OF EMPLOYMENT *(e.g., attending the Secretary's award ceremony or a retirement luncheon)*

TYPE OF ACCOMMODATION PROVIDED

INTERPRETER       COMPUTER-ASSISTED REAL-TIME CAPTIONING

READER       PERSONAL ASSISTANT

OTHER *(Describe)* \_\_\_\_\_

NOTE: Facilities modification requests are funded by local engineering budget and not through the Centralized Fund.

DATE(S) AND TIME(S) WHEN THE ACCOMMODATION WAS NEEDED

BUDGET INFORMATION MUST BE PROVIDED TO FACILITATE THE TRANSFER OF FUNDS							
STATION	BFY	FUND CODE	ACC CODE	COST CENTER	BOC	FCP	AMOUNT

NOTE: Priority consideration will be given to reimbursement requests for accommodation for employees with targeted disabilities who attended career development training.

Large empty rectangular box for additional information or comments.