

Appendix A: Reasonable Accommodation Request Confirmation Form



We cultivate a culture of inclusion where diverse talent is leveraged to advance health discovery.

National Institutes of Health
2 Center Drive
Building 2, 3rd Floor
Bethesda, MD 20892
Phone: 301-496-6301
Fax: 301-480-1818

CONFIRMATION

Reasonable Accommodation Request Form for Employees with Disabling Conditions

Name:

IC and Office:

Telephone Number:

Series & Grade:

Date of Birth:

Building Address:

Cubicle/Office Location:

Manager:

Please specify the requested accommodation(s) and how it relates to your impairment or medical condition. If you are unsure of what you are requesting, you may leave this field blank. You may attach additional information as necessary.

Once you have submitted this form (email: edi.ra@nih.gov, fax: 301-480-1818, or hand-delivered: Building 2, 3rd Floor at the NIH Main Campus in Bethesda, MD) an Accessibility Consultant (AC) will be assigned to your request and they will contact you to discuss your request further.

If your condition is not physically obvious or the Reasonable Accommodation Program does not have medical documentation on file relevant to your current request, we will need medical documentation to fully process your request.

In order to process your request for a reasonable accommodation, your manager may be required to contact other Agency personnel who, in the performance of their official duties, have a need to know the nature of your medical condition in order to assess your job related accommodation needs. My signature indicates that I understand that the information may be shared with others on a need to know basis.

Employee's Signature _____ Date _____

Any questions, concerns, and/or requests for clarification should be addressed to the Office of Equity, Diversity, and Inclusion (301-496-6301).