

## **Disposition of Reasonable Accommodation Request**

REASONABLE ACCOMMODATION (Check one)	SONABLE ACCOMMODATION ck one)			
APPROVED				
DENIED (If denied attach a conv				

Administration Accommodation	on Request	DENIED (If denied, attach a copy of NF 1699B)						
2. REQUESTER INFORMATION								
NAME		TELEPHONE NUMBER						
F EMPLOYEE, PLEASE PROVIDE OFFICE	IF APPLICANT, PLEASE PROVIDE	E ADDRESS						
B. DATE OF REASONABLE ACCOMMODATION REQUEST	WHO RECEIVED THE REQUEST?							
4. DATE REASONABLE ACCOMMODATION REQUEST REFERRED TO DECISION MAKER (i.e., immediate supervisor, office head, Disability Program Manager, human resources specialist, Center EO Officer)	NAME OF DECISION MAKER							
5. DATE REASONABLE ACCOMMODATION APPROVED OR DENIED	6. DATE REASONABLE ACCOMM (If different from date approved)	ODATION PROVIDED						
7. IF TIME FRAMES OUTLINED IN THE REASONABLE ACCOMMODATION	 DN PROCEDURES WERE NOT ME <sup>-</sup>	T, PLEASE EXPLAIN WHY						
8. JOB HELD	OR DESIRED							
a. JOB HELD (including occupational series, grade level, and office)								
o. JOB DESIRED BY INDIVIDUAL REQUESTING REASONABLE ACCOM	MODATION (including occupational	series, grade level, and office)						
9. REASONABLE ACCOMMODATION NEEDED FOR (Check one):								
APPLICATION PROCESS  PERFORMING JOB FUNCTIONS OR ACCESSING THE WORK ENVIRONMENT	ACCESSING A BENEFIT C EMPLOYMENT (e.g., attendor social event)							
10. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED (e.g., Adaptive equipment, staff assistant, removal of architectural barrier)								
11. TYPE OF REASONABLE ACCOMMODATION PROVIDED (If different	from what was requested)							
12. WAS MEDICAL INFORMATION REQUIRED TO PROCESS THIS REQ	UEST? IF YES, EXPLAIN WHY							

13. SOURCES OF TECHNICAL ASSISTANCE, IF ANY, CONSULTED IN TRYING TO IDENTIFY POSSIBLE REASONABLE ACCOMMODATIONS (e.g., job accommodation network, disability organization, Disability Program Manager)							
14. COMMENTS			15. LOG NUMBER				
SIGNATURE OF DECISION MAKER		SUBMITTED BY					
TELEPHONE NUMBER	ACKNOWLEDGMENT OF RECEIP	Т					
	PRIVACY ACT	STATEMENT					
Pursuant to the Privacy Act of 1974, 5 U.S.C. §552a, the following statement is furnished to individuals supplying information for individuals requesting a reasonable accommodation with NASA.							
AUTHORITY: Sections 501, 5	AUTHORITY: Sections 501, 504, and 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 791, 794, 794d.						
PURPOSES AND ROUTINE USES: The principal purpose for collecting this information is for NASA to be able to make a determination whether individuals are entitled a reasonable accommodation. This information is being collected and maintained by NASA. Information collected in connection with a request for reasonable accommodation is confidential and may be shared with Agency officials or Agency contractors only when those other individuals need to know the information to make determinations on a reasonable accommodation request, or to assist the Decision Maker in making such a determination. The information collected may also be used for standard routine uses 1-6 inclusive as set forth in Appendix B of NASA's Annual Notice and Amendments to Systems of Records.							
EFFECT OF NONDISCLOSURE: Supplying the information is voluntary on your part.							
However, individuals not supplying the requested information will not be able to have the request for a reasonable accommodation processed.							