

Confirmation of Request for Reasonable Accommodation

I. KE	QUESTER INFORMATION
APPLICANT'S OR EMPLOYEE'S NAME	APPLICANT'S OR EMPLOYEE'S TELEPHONE NUMBER
APPLICANT'S OR EMPLOYEE'S HOME ADDRESS	APPLICANT'S OR EMPLOYEE'S OFFICE
TODAY'S DATE	DATE OF REQUEST
2. REASONABLE ACCOMMODATION REQUESTED (Be as spe	ecific as possible, e.g., adaptive equipment, reader, interpreter)
3. REASON FOR REQUEST	
IF REASONABLE ACCOMMODATION IS TIME-SENSITIVE, PLI	EASE EXPLAIN:
RETURN FORM 1	TO DISABILITY PROGRAM MANAGER
(Disability Prog	gram Manager shall assign number)
4. SIGNATURE OF REQUESTER	5. LOG NUMBER
6. NAME OF RECEIVING OFFICIAL (If other than DPM)	7. SIGNATURE OF RECEIVING OFFICIAL (If other than DPM)

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, 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.		