



National Science Foundation

REQUEST FOR REASONABLE ACCOMMODATION

- 1. NAME (*Applicant or Employee*):
- 2. DATE OF REQUEST:
- 3. DIRECTORATE/DIVISION:
- 4. JOB TITLE:
- 5. SERIES:
- 6. GRADE:
- 7. TELEPHONE NUMBER:
- 8. ROOM NUMBER:
- 9. IF APPLICABLE, NAME OF THIRD-PARTY REQUESTER:

CHECK APPROPRIATE BOX: Health Care Provider Family Member Representative

- 10. THIRD PARTY REQUESTER'S TELEPHONE NUMBER:
- 11. SUPERVISOR'S NAME:
- 12. SUPERVISOR'S TELEPHONE NUMBER:
- 13. ACCOMMODATION REQUESTED (*Be specific - e.g., ergonomic chair, flexi place/time, interpreter*):

- 14. REASON FOR REQUEST (*Be specific - **Do not disclose your disability on this form***):

FOR OECR USE ONLY

Disability Program Manager:

EXPLANATION OF ANY TIME SENSITIVE ISSUES RELATING TO THE REQUEST:

RA Case #: