



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY AVIATION AND MISSILE COMMAND
5300 MARTIN ROAD
REDSTONE ARSENAL, AL 35898-5000

Office Symbol _____

Date _____

MEMORANDUM FOR RECORD

SUBJECT: Request for Reasonable Accommodation

The reasonable accommodation (RA) request being submitted is based upon: (check one):

- Disability (medical documentation may be required)
- PAS (Personal Assistance Services: medical documentation required)
- PWFA (Pregnant Worker's Fairness Act)
- Religious

1. Requester's Name: _____
Email: _____ Phone: _____
Pay Plan, Series, and Grade: _____
Job Title: _____
Organization: _____
Information Completed by: _____
Email: _____ Phone: _____

2. Accommodation Requested: (For example, adaptive equipment, an interpreter, a reader, (etc.)

3. This reason/justification for the accommodation(s) (If the accommodation is time-sensitive, please explain.). If necessary, use additional paper to complete response.

4. Supervisor's Signature: _____ Date: _____
Please note. Supervisor's signature does not denote approval. It is an acknowledgement of the request.

EEO-USE ONLY: Log number: _____

Note: This form should be completed by the requestee making the reasonable accommodation request and provided to his/her supervisor. An applicant should return the form to the supervisor/manager in connection with the application process. If a third party is completing the form on behalf of the employee or a management official is documenting an oral reasonable accommodation request, a copy of the completed form will be provided to the employee to confirm receipt of the reasonable accommodation request.

Supervisors must provide a copy of this form to **the EEO Disability Program Manager**, who will assign a log number and return a copy of the form to the supervisor and requestee.

May 2024