

CONFIRMATION

Reasonable Accommodation Request Form For Employees with Disabling Conditions

Name:

Component:

Telephone Number:

Cubicle/Office Location:

Grade/Series:

Date of Birth:

Manager:

Please specify the requested accommodation(s) and how it relates to your medical condition. If you are unsure of what you are requesting, you can leave this field blank.

Once you have submitted this form to reasonableaccommodationprogram@cms.hhs.gov a Reasonable Accommodation Coordinator (RAC) 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 request we will need justifying medical documentation to fully process your request.

If you have existing medical documentation that provides sufficient information to process your request, you can submit that to us for review. If you do not have medical documentation on hand, please have your medical provider complete the Medical Inquiry Form.

A failure to submit acceptable medical documentation or a refusal to allow Agency personnel to review your medical documentation may result in your request for a reasonable accommodation to be closed or denied.