



DRC Accommodation Request Form

Phone: (202) 493-0625

E-mail: drc@dot.gov Web: <https://www.transportation.gov/drc>

We look forward to working with you! So we may best assist you, please complete the following information and submit your request form via email: drc@dot.gov. Feel free to contact us with any questions.

Name/Contact Information of Individual to Receive Services

Last:	First:	Job Title:
Operating Administration	Grade or Pay Band:	Date Submitted:
Phone/Video Phone:	Email:	

Supervisor's Name/Contact Information

Last:	First:
Phone/Video Phone:	Email:

Disability Information

Check All That Apply:	
<input type="checkbox"/> Mobility	<input type="checkbox"/> Cognitive
<input type="checkbox"/> Dexterity	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Vision	<input type="checkbox"/> Hidden
<input type="checkbox"/> Hearing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Communication	

Briefly describe the limitations you're experiencing when performing your essential job functions.

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What accommodation(s) are you requesting?

(If you have an accommodation in mind, please describe it and include specific information such as the brand or model name.)

- Sign language interpreter services** (please complete an interpreter request form)
- Computer modification** (voice recognition, screen reader, screen magnification, Braille display, etc.)
- Communication technologies** (Videophone, telephone amplifier, signaling devices, assistive listening device, telephone headset, etc.)
- Services** (readers, personal assistance services captioning)
- Other:** _____
- I'm not sure what I need.**

Have you discussed this request with your supervisor?

<input type="radio"/> Yes <input type="radio"/> No	If yes, date discussed:
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Do you currently use accommodations or assistive technologies?

<input type="radio"/> Yes <input type="radio"/> No	If yes, please describe:
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Privacy Act Statement

Collection of the requested information is authorized by Section 501 of the Rehabilitation Act, 29 U.S.C. § 791. The information you furnish will be used for the purpose of facilitating your request. Additionally, the information may be used to disclose information to: appropriate Federal, state or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions when necessary to adjudicate a claim for benefits; a Federal agency in connection with a decision in hiring, retention or the granting of a security clearance. It may also be used in an administrative or judicial proceeding affecting an employee's personnel rights and in any criminal prosecutions for willfully making false or fraudulent statements in violation of U.S.C. § 1001. Additional uses may include disclosure to the Department of Justice for the purpose of litigating any civil, administrative, or judicial proceeding where the United States, the IRS, or its employees (in their official capacities or where the government has decided to represent them) are parties. It may also be used in response to subpoena from a third party provided that (1) IRS is a party in interest, (2) the records are relevant and necessary to the litigation, and (3) not otherwise privileged. This information may be provided to professional associations, such as state bar disciplinary authorities, for use in connection with their administration of standards of conduct. Further, it may be disclosed to contractors when necessary to perform work associated with reasonable accommodation and to those Federal agencies that oversee property and procurement matters. Furnishing the requested information is required to establish that you have a covered disability, the functional limitations of your disability, and the need for reasonable accommodation. Failure to fully complete the form or refusal to provide the requested documentation may lead to a breakdown in the reasonable accommodation process and could result in a determination that you are not entitled to reasonable accommodation.