DRC Accommodation Request Form

DRC CONTACT INFORMATION

Website: https://www.transportation.gov/drc
Phone: (202) 493-0625
Email: drc@dot.gov

INSTRUCTIONS:

- Download this form and complete it using Adobe Acrobat.
- Save the completed form to your computer before sending it to drc@dot.gov as an email attachment.
- Submitting this form affirms that this is a reasonable accommodation request for a DOT employee or applicant.
- FAA employees should submit a copy of their decision memorandum in conjunction with this completed request form.
- Feel free to contact us with any questions or if you need assistance completing this form. We look forward to working with you.

Employee/Applicant to Receive Services

- **Operating Administration:** Select One
- **First & Last Name:**
- **Current Work Location/Address:**
- **Email Address:**
- **Telephone/Video Phone Number:**
- **Customer Type:** Select One
- **Job Title:**
- **Grade Level or Pay Band:**

Supervisor's Information

- **First & Last Name:**
- **Email Address:**
- **Telephone/Video Phone Number:**
- **Have you discussed this request with your supervisor?** Select One
- **Date Discussed (if applicable):** _____

Disability Information

Check All That Apply:	
☐ Cognitive	☐ Learning
☐ Communication	☐ Mobility
☐ Dexterity	☐ Psychiatric
☐ Hearing	☐ Vision
☐ Hidden	☐ Other: _____

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

Do you currently use accommodations or assistive technologies? ☐ Yes ☐ No

If yes, please describe. _____

Do you have any accommodations that should transfer from your prior federal agency?

Select One If yes, please describe. _____

What accommodation(s) are you requesting?

Check all that apply. If you have an accommodation in mind, please describe it and include specific information such as the brand or model name.

Products

- ☐ Computer modification (voice recognition, screen reader, screen magnification, Braille display, etc.)
- ☐ Communication technologies (videophone, telephone amplifier, signaling devices, assistive listening device, telephone headset, etc.)
- ☐ Furniture (orthopedic chair, adjustable-height desk, etc.)
- ☐ Other: _____
- ☐ I'm not sure what I need.

Services

- ☐ Sign language interpreting or CART (Also complete the *Request for Sign Language Interpreting and Captioning Services*.)
- ☐ Personal assistance, reader services, sighted assistance, or notetaking (Also complete the *Personal Assistance & Employment Support Services Request Form*.)

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.