



Office of Equal Employment Opportunity
Form 1283 - CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

1. REQUESTER'S INFORMATION:

Applicant's or Employee's Name: Employee Name
Applicant's or Employee's Telephone No: XXXXXX
Today's Date: 2/24/2023
Employee's Office: Office Information
Date of Request: 8/24/2021

2. ACCOMMODATION REQUESTED (Be as specific as possible, e.g., adaptive equipment, reader, interpreter):

Table with 3 columns: Accommodation Category, Accommodation Type, Request Details. All cells contain placeholder text 'XXXXXX'.

If accommodation is time sensitive, please explain:

Return Form to Reasonable Accommodation (RA) Specialist (RA Specialist will assign number)

3. Log Number: XXXXXXXXXXXXXXXX

Privacy Act Statement

Executive Order 13164 and 5 CFR 339 authorizes the collection of the information on this form. The data will be used to process requests for reasonable accommodation and to analyze information contained in the form as it applies to CDC/ATSDR employees and applicants with disabilities requiring a reasonable accommodation. Data may be disclosed to the Personnel Generalist, Human Resources Management Office; the Supervisor or appropriate Management Official; or the Disability Program Manager. An accounting of the disclosures that have been made will be made available to you upon request. Furnishing the information on this form is voluntary; however, failure to do so may result in the inability to process the application.