



Form 1285 – REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of Individual requesting reasonable accommodation: **XXXXXXXXXX**

Office of Requesting Individual: **Office Information**

1. Reasonable accommodation (check one):

- Approved
- Denied (If denied, attach copy of the written denial letter/memo)

2. Date reasonable accommodation requested: **XX/XX/XXXX**

Who received request: [RA Specialist's Name]

3. Date reasonable accommodation request referred to decision maker (*i.e.*, supervisor, Office Director, Disability Program Manager, Personnel Management Specialist): 10/1/2021

Name and title of decision maker: Name, Title

4. Date reasonable accommodation approved or denied: **XX/XX/XXXX**

5. Date reasonable accommodation provided (*if different from date approved*):  
**XX/XX/XXXX**

6. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why.

7. Job held and desired by individual requesting reasonable accommodation (*including occupational series, grade level, and organization*):

Current Job held: Job Title, Series, Grade, Job location/organization

8. **Type(s) of reasonable accommodation requested** (e.g., adaptive equipment, staff assistant, removal of architectural barrier):

9. **Was medical information required to process this request? If yes, explain why.**

10. **Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations** (e.g., Job Accommodation Network, disability organization, Disability Program Manager):

11. **Comments:**

[Details about the decision and what was provided as a reasonable accommodation are entered here]

**Submitted by: Decision Maker Name**

**Phone: XXX.XX.XXXX**

**Attach copies of all documents obtained or developed in processing this request.**

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#### **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.

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