DOJ 100A Reasonable Accommodation Request



Employee Information	Occupational Informa	tion
Name	Title/Series/Grade	
Component/Office	City	State
Vork Email Address/Phone Number	<u> </u>	
Supervisor/Designated Official Contact In	formation	
lame	Work Email Address/Phone Number	er
Disabling Condition (Briefly describe the cond	lition related to your request.)	
Accommodation Poquested (Pagariba the or	positio assumedation that you are requesting. If una	nurs of what to request places note type
of assistance that is needed.)	pecific accommodation that you are requesting. If uns	sure of what to request, please note type
	ted accommodation(s) would assist you in performing	g your essential jobs functions or
Reason for Request (Explain how the request enable you to access a benefit or privilege of em		g your essential jobs functions or
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The Department of Justice ("DOJ") is collecting information using this form to assist the DOJ in making determinations regarding reasonable accommodation requests and to track such requests. DOJ is authorized to collect this information in accordance with federal law, such as the Rehabilitation Act of 1973, as amended (29 U.S.C. 791) and Executive Order 13164.

This form will be maintained separately from your personnel files and in accordance with the Privacy Act. Information may be disclosed to contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the Federal Government, when necessary to accomplish an agency function related to this system of records. A full list of the routine uses of this information can be found in the System of Records Notice, DOJ-007, Reasonable Accommodations for the Department of Justice, 67 FR 34955 (5-16-2002).

Disclosure of this information is voluntary, but failure to provide sufficient information in connection with your reasonable accommodation request may delay DOJ's ability to grant or make a determination regarding your request.

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