Department of Veterans Affairs							
ACKNOWLEDGEMENT OF RECEIPT OF REQUEST							
1. NAME OF EMPLOYEE				2. DATE FORM COMPLETED			
The purpose of this form is to confirm that yo information regarding your request is incorred						rma	ntion to you. If our
I will be the Designated Management Official	(DMC	O) for this reque	est.				
3. MY NAME IS	4. MY F	PHONE NO. IS	5. MY EMAIL	IS			6. DATE OF REQUEST
7. MY ALTERNATE IS		8. ALTERNATES	S PHONE NO.	9. A	ALTERNATES EMAIL		
10. YOU REQUESTED THE FOLLOWING ACCOM	MODA	TION(S)		<u> </u>			
11. THIS ACCOMMODATION WILL ALLOW YOU T	0						
ACCESS THE APPLICATION/INTERVIEW PROCESS							
PERFORM ESSENTIAL JOB FUNCTIONS OR ACCESS THE WORK ENVIRONMENT							
ACCESS A BENEFIT OR PRIVILEGE OF EMPLOYMENT (e.g., attend a training program or a social event)							
12. OUR RECORDS SHOW THAT THIS REQUEST							
☐ IS TIME SENSITIVE							
☐ IS NOT TIME SENSITIVE; IF IT IS TIME SENSITIVE, PLEASE NOTIFY ME IMMEDIATELY							
NEXT STEPS:		VE, 1 EE/10E 110					
I will meet with you to discuss your request a with the Local Reasonable Accommodation C the Job Accommodation Network. I will keep the accommodation, if approved, within less t meet the deadline.	Coordin p you i chan 30	nator (LRAC), V nformed as to not calendar days.	VA's National ny progress. Time sensiti	l Re It is	easonable Accommodations my goal to decide on your requests will be processed	on C our r d as	oordinator, and/or equest and provide soon as possible to
If you have any questions, please contact me LRAC identified below.	via the	email address	or phone num	ber	provided above. You m	ay a	also contact the
13. NAME OF LRAC		114. PHONE NU	JMBER OF LR	AC l	15. EMAIL ADDRESS OF L	RAC	<u> </u>
This form should be retained separately from the employee's Official Personnel Folder.							