

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
REQUEST FOR REASONABLE ACCOMMODATION**

A Reasonable Accommodation may assist you if you have a disability in performing your job or provide you with equal benefits and privileges of employment. Furnishing the requested information is voluntary; however, failure to provide the requested information may result in processing delays or disapproval of your application/request. *(Note: Ergonomic Assessments are only requested through the Service Connection portal/Workplace/Ergonomic Assessment).*

Privacy Act Statement: 29 U.S.C. Section 701, *et seq.*; 42 U.S.C. 2051a, Section 31a; 31 U.S.C. Section 1535; 5 U.S.C. Section 6311; 29 C.F.R. 1614.203 and Executive Order 13164 authorizes the collection of this information. The information provided, including otherwise protected medical information, may be disclosed when authorized by the employee for the purpose of determining the employee's eligibility for reasonable accommodation. This information will only be accessed by the Reasonable Accommodations staff and be used to consider an employee's request for reasonable accommodation in accordance with Personnel Letter 900-2. The protected medical documentation is maintained separately in Privacy Act system of records DOE-33 (*Personnel Medical Files*). The routine use for which the application form and medical information may be disclosed is published in the Privacy Act system notices for DOE-33.

Instructions:

- 1. To request a Reasonable Accommodation, please complete this form. Submit by e-mail as an attachment to the confidential Outlook mailbox: Reasonable Accommodation (ReasonableAccommodation@bpa.gov)**
 - 2. If you do not have e-mail capabilities, print this form and complete the information.
Mail it via internal mail to: Reasonable Accommodation (RA) Coordinator, NHS-1 (or by external mail to BPA, PO Box 3621, Portland, OR 97208-3621, Attn: Reasonable Accommodation Coordinator, NHS-1).**
 - 3. If you are unable to complete this form and would like to request a reasonable accommodation, you may contact the Reasonable Accommodation contact directly at 971-335-7606.**
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1. Employee/ Applicant Name <i>(or Representative)</i>	Date	Routing	Telephone Number
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Title/Series/Grade <i>(if known)</i>	Workstation Location <i>(building/floor/column)</i>
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2. I have received a Reasonable Accommodation in the past.

3. Type of Accommodation Requested, if known: *(Be as specific as possible, but do not provide specific medical information)*

4. If this accommodation request is urgent or time sensitive, please explain:

OFFICIAL USE ONLY