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Online Assessments: Reasonable Accommodation Request Form

Must be completed and faxed by the closing date of the Job Opportunity Announcement for consideration

Full Name: _____ **Date:** _____
Last First Middle Initial

Mailing Address:

Street City State Zip Code

Email Address: _____

Phone: _____
Day Evening Cell

Last 4 digits of Social Security Number: _____

Claimed disability:

Accommodation requested: *(describe the specific assessment accommodation that you are requesting)*

Documentation: You must provide documentation from an appropriate professional such as a doctor, rehabilitation counselor, or vocational counselor, concerning your asserted disability and functional limitations as they pertain to the online assessment process. **Note: Your failure to provide supporting documentation may result in a delay or the inability to grant your request.**

Process: Your request will be evaluated by OPM, in cooperation with you, to determine an appropriate accommodation for the online assessments for your asserted disability; however, this will not be a generalized determination that you are a qualified individual with a disability for purposes of job accommodations under the Rehabilitation Act and the Americans with Disability Act. You will be contacted via the email address or phone number you provided above. **Fax this completed form and supporting documentation to (888)-765-5552.** If you have any questions or concerns about the online assessments, you may contact an Accommodation Coordinator at **USAHire_Accommodations@opm.gov.**

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