

## CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

**Employee/Applicant Data**

Name:

Telephone:

Organization:

Date of Request

Date of Receipt

**ACCOMMODATION REQUESTED** *(Be as specific as possible, e.g., adaptive equipment, reader, interpreter.)***REASON FOR REQUEST**

**Return form to:** *(Enter Title/Address of Responsible Official)*

**SUBMITTED BY:****TELEPHONE:****Privacy Act Notice**

**Authority:** The Rehabilitation Act of 1973, as amended, 29 U.S.C. 791; Executive Order 13164, dated July 26 2000, Section 1(b)(9); and Equal Employment Opportunity Commission's Policy Guidance on Executive Order 13164; Establishing Procedures to Facilitate the Provision of Reasonable Accommodation, Directives Transmittal Number 915.003, October 20, 2000.

**Purpose:** The United States Coast Guard will use this information solely to record and track requests for reasonable accommodation by individuals with disabilities, their provision, and the disposition of such requests.

**Routine Uses:** The information will be used by and disclosed to Coast Guard personnel or other agents who need the information to assist in activities related to the provision of reasonable accommodations. Additionally, the Coast Guard may share the information pursuant to its published Privacy Act System of Records Notice.

**Disclosure:** The provision of information for Form CG-6079 is voluntary; however, if you do not provide this information, the Coast Guard may be delayed in completing the processing of your reasonable accommodation request. Forms CG-6080, CG-6081, and CG-6082 are mandatory for Decision Makers.