

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

HRSA REASONABLE ACCOMMODATION AGREEMENT

PART A: SUPERVISOR/MANAGER'S ACKNOWLEDGEMENT OF AGREEMENT

1. Supervisor/Manager's Name:
2. Supervisor/Manager's Title:
3. Office/Bureau/Division:
4. Date Request Received:
5. Employee's Name:
6. Employee's Title:
7. **Reasonable Accommodation Agreement** –
Describe at a minimum: 1) the approved accommodation; 2) the responsibilities and expectations of both parties; and 3) the need for periodic evaluations/review, if applicable.

Supervisor/Manager's Signature:

Telephone Number:

Date:

PART B: EMPLOYEE'S ACKNOWLEDGEMENT OF AGREEMENT

Employee's Signature:

Telephone Number:

Date:

FOR OEOCRDM USE ONLY

RA Coordinator's Signature:

Date:

RA Case #: