CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION		
1.	Applicant's or Employee's Name	Applicant's or Employee's Telephone No.
	Today's Date	Employee's Office
	Date of Barraget	
	Date of Request	
2.	ACCOMMODATION REQUESTED. (Be as specific as possible, e.g., adaptive equipment, reader, interpreter)	
3.	REASON FOR REQUEST.	
	If accommodation is time sensitive, please explain:	
	eurn Form to Reasonable Accommodation Program Manager	
	(Reasonable Accommodation Program Manager will assign number)	
4.	Log No.:	<del></del>

EEOC Form 557 Revised 2/2018