

DAF Reasonable Accommodations Request Electronic System March 2026

Pursuant to 29 CFR § 1614.203(d)(3)(i)(D), a qualified employee or applicant may make a reasonable accommodation request orally or in writing at any time to his/her supervisor, a supervisor or manager in the employee's immediate chain of command, any agency employee connected with the application process (e.g., civilian personnel section, human resource offices, etc.), or the installation disability program manager.

While not required, DAF employees are encouraged to consider submitting their reasonable accommodation request via the preferred method of the [DAF Reasonable Accommodations Request Electronic System](#), which assists the DAF with timely processing requests. This electronic form is also accessible on the [Reasonable Accommodation Request SharePoint](#). DAF employees may also seek assistance from his/her supervisor and/or disability program manager.

The following pages provide information requested on the electronic form from the DAF Reasonable Accommodations Request Electronic System to help prepare DAF employees who plan to submit a reasonable accommodation request using the electronic form. When requested, the information on this electronic form can be made available in alternative formats that are accessible to individuals with disabilities consistent with 29 CFR § 1614.203(d)(3)(i)(E).

For additional information about the DAF procedures on reasonable accommodations for a disability, refer to [DAFI 36-2711](#), *Equal Employment Opportunity: Affirmative Employment and Disability Programs*, or visit the DAF's websites for [DAF Equal Opportunity](#) and [DAF Accessibility](#) or [Reasonable Accommodation Request SharePoint](#).

Reasonable Accommodation Request (RAR) v3

This form can be used to **initiate a Reasonable Accommodation Request for Civilians**. The information provided will be used to inform your installation Disability Program Manager (DPM) about your request. The more details you provide, the better your DPM will be able to serve you. If you do not want to use this tool, a Reasonable Accommodation can still be requested directly through interaction with your supervisor or DPM (<https://www.my.af.mil/gcss-af/USAF/ep/contentView.do?contentType=EDITORIAL&contentId=cA07285AC84F2433F0184F27220A60000&channelPageId=s6925EC13506C0FB5E044080020E329A9&programId=t08F5BC987E16D085017E16F0427A0002>).

Military members should refer to the Religious Accommodation process: <https://www.my.af.mil/gcss-af/USAF/ep/globalTab.do?channelPageId=sEC7F3D25944B0DE6E0530100007FEF98>

Hi, When you submit this form, the owner will see your name and email address.

* Required

PII COLLECTION WARNING & CONSENT BANNER

This tool collects, stores, and processes personal data you provide that is necessary to process your application, to include Personally Identifiable Information (PII) and Personal Health Information (PHI) through authorized collection authorities. Technical controls are in place to minimize accessibility and data is stored in accordance with NIST Special Publication 800-122, Guide to Protecting the Confidentiality of Personally Identifiable Information, FISMA, HIPAA, and Privacy Act requirements. This system also shares data with external systems for analysis. This data is similarly protected on federated systems responsible for their own data security. Processed data is used for, but not limited to, use in DoD and Air Force enterprise-level research, analytic, knowledge management, cataloging capabilities, as well as future capabilities.

By clicking "Accept," you consent to the collection of your PII and PHI that you will be providing that is necessary to review and support your Accommodation Request. Your request can be reviewed by Air Force Disability Program Managers and the Accommodation Requests team. Providing this information is voluntary but failing to provide it will prevent your application from being processed. The applicable Privacy Act System of Records Notice for this collection can be found on the Air Force Portal (<https://www.my.af.mil/gcss-af/USAF/ep/globalTab.do?channelPageId=sEC7F3D25944B0DE6E0530100007FEF98>). Additional information can be found on the Reasonable Accommodation Public Team Site (<https://usaf.dps.mil/teams/ReasonableAccommodationRequestPublicTeam/SitePages/Reasonable-Accommodation-Request-and-DPM-AEPM-Site.aspx#dpm-resources>).

If you do not consent to the collection of PII by this tool, please work directly with your Disability Program Manager (<https://www.my.af.mil/gcss-af/USAF/ep/contentView.do?contentType=EDITORIAL&contentId=cA07285AC84F2433F0184F27220A60000&channelPageId=s6925EC13506C0FB5E044080020E329A9&programId=t08F5BC987E16D085017E16F0427A0002>).

1. Consent *

Accept

Decline

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Reasonable Accommodation Request (RAR) v3

* Required

General Information

Fill out the following fields with information for the individual on whose behalf the form is being submitted.

2. Are you submitting the request for yourself or on behalf of someone else? *

- I am the employee requesting the accommodation.
- I am submitting a reasonable accommodation request on behalf of another individual.

3. Current vs Assigned Duty Location

You may be assigned to one base but are currently working at another base. This question helps us route your request to the appropriate Disability Program Manager

- My current duty location IS NOT my assigned duty location
- My current duty location IS my assigned duty location

4. Current Duty Location *

What is your current duty location? Review your SF 50 and provide the location identified in block 22. Name and Location of Position's Organization.

Select your answer

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* Required

Accommodation Information

5. Select all of the following items needed to support this accommodation request *

- Assistive technology/telecommunications device
- Building modifications
- Leave without pay
- Light duty or job restructuring
- Reassignment
- Services (job assistant, coach, CART, interpreter, translator, etc.)
- Telework
- Transportation
- Workspace modifications or equipment (HEPA filtration, ergonomic chair or desk, lighting changes, etc.)
- If the accommodation you are requesting is not explicitly listed above, please check this response and describe in detail below.

6. Please describe what accommodation is needed. *

Enter your answer

7. Does the Pregnant Workers Fairness Act apply to this accommodation? *

*

See this link for more details on the Pregnancy Workers Fairness Act:

<https://www.eeoc.gov/wysk/what-you-should-know-about-pregnant-workers-fairness-act>

Yes

No

8. Please explain how the accommodation will allow you to do the essential function of your job and/or participate in activities. *

Enter your answer

9. Please describe the disability for which you need the accommodation. *

Use this space to provide information on the disability, illness, or other factor which is the impetus for this request.

Enter your answer

10. Documents (Non-anonymous questionⁱ)

Upload any relevant documentation you would like to provide in support of this request (e.g. letter from physician). Submitted documentation can be reviewed by your Disability Program Manager. Please note that file names can contain alpha-numeric characters along with spaces and dashes (- or _). Filenames cannot contain special characters (e.g. #, \$, %, /, \, etc.).

↑ Upload file

File number limit: 10 Single file size limit: 100MB Allowed file types: PDF

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Disability Self-Identification

If you have not previously self-identified as an individual with a disability you may do so by completing the instructions found in the following link: (<https://myfss.us.af.mil/USAFCommunity/s/knowledge-detail?pid=kA08300000002fGCAQ>)

The data collected when using the following link, will help identify what additional programs or services are needed today, and in the future to support AF civilian employees with disabilities. Self-identification is highly encouraged.

However, **identifying disability status is entirely voluntary.**

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SAMPLE

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* Required

Supervisor Information

Please note that the supervisor you list below will be contacted to review and confirm your request. You may choose which supervisor in your chain of command you would like to notify. Your supervisor will receive the following information:

1. Requested items
2. Accommodation Description (only information included in the text fields of the accommodation)
3. Enables Job Function Explanation
4. Disability Description

The supervisor will not receive any supporting documentation.

If your supervisor does not have a us.af.mil or spaceforce.mil email, please have them request guest access to DAF365 before you submit the request (<https://myaccess.microsoft.us/%40USAF.onmicrosoft.com#/access-packages/ed68f8f8-e718-4427-a1bb-10439357db0c>).

Note: You must provide the official .mil address

11. Supervisor Email *

Please enter an email

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Feedback

12. Please include any comments with suggestions for changes or updates to this form

Enter your answer

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Your Reasonable Accommodation Request was submitted. The request is now under review by your supervisor. We recommend that you reach out to your supervisor to discuss the request.

Once your supervisor has approved your request, it will then be worked by a Disability Program Manager.

For more information,

visit <https://usaf.dps.mil/teams/ReasonableAccommodationRequestPublicTeam/SitePages/Reasonable-Accommodation-Request-and-DPM-AEPM-Site.aspx>

V/R,

Reasonable Accommodation Team

[Submit another response](#)

