

## **Supplemental Medical Documentation Request Form**

**Requestor Name**

**RAR Case Number**

This request is issued in accordance with DAFI 36-2710, Chapter 14 and 29 CFR 1614.203 (d). If medical information is submitted but is insufficient to document the disability or the functional limitations of the requestor, supplemental information may be requested by the decision authority. Of note, medical documentation must describe the disability; its nature, severity, and duration; and the extent to which it limits the employee's ability to perform the activity or activities.

1. Specific reason the original documentation is insufficient:

2. Specific additional documentation required:

3. Explanation of why the additional documentation is necessary:

Deadline for submission of supplemental information (no less than 5 calendar days):

**Decision Authority Signature**

**Date**