

REQUEST FOR REASONABLE ACCOMMODATION

Privacy Act Statement

PURPOSE: Federal agencies have written procedures for providing reasonable accommodation and maintain records in order to monitor the effectiveness of the procedures.

AUTHORITIES: The Rehabilitation Act of 1973 as amended, 29 USC Section 791, 29 CFR Part 1614.203, 29 CFR Part 1630, Executive Order 13164.

ROUTINE USES: To maintain a record of all accommodation requests and decisions, which will be used to determine the efficacy and consistency of reasonable accommodation procedures process.

DISCLOSURE: Voluntary. Failure to provide the requested information may hinder the ability to provide a complete or effective reasonable accommodation.

Genetic Information Nondiscrimination Act of 2008 (GINA)

GINA is a Federal law that prohibits discrimination in health coverage and employment based on genetic information. GINA, together with already existing nondiscrimination provisions of the Health Insurance Portability and Accountability Act, generally prohibits health insurers or health plan administrators from requesting or requiring genetic information of an individual or an individual's family members, or using such information for decisions regarding coverage, rates, or preexisting conditions. GINA also prohibits employers from using genetic information for hiring, firing, or promotion decisions, and for any decisions regarding terms of employment. To comply with this law, we are asking that you not provide any genetic information when responding to this form. GINA defines genetic information as information about:

- An individual's genetic tests (including genetic tests done as part of a research study);
- Genetic tests of an individual's family members (defined as dependents and up to and including 4th degree relatives);
- Genetic tests of any fetus of an individual or family member who is a pregnant woman, and genetic tests of any embryo legally held by an individual or family member utilizing assisted reproductive technology;
- The manifestation of a disease or disorder in an individual's family members (family history); or
- Any request for, or receipt of, genetic services or participation in clinical research that includes genetic services (genetic testing, counseling, or education) by an individual or an individual's family members.

Genetic information does not include information about the sex or age of any individual.

To comply with this law, we are asking that you not provide any genetic information when responding to this form.

Please submit this form as soon as possible to the Reasonable Accommodation Coordinator (RAC). This form is used for record-keeping and reporting purposes, and to determine whether reasonable accommodation is needed and, if so, which accommodation(s) will be effective and appropriate. The RAC will maintain this confidential document separately from the requestor's personnel file. The requestor may be an employee, an applicant, or representative thereof.

PART A – EMPLOYEE OR APPLICANT REQUEST AND CERTIFICATION

A requestor who believes he or she has a disability and is requesting a reasonable accommodation should complete Part A of this form. Attach a separate sheet if more space is needed. The employee's immediate supervisor or the RAC will complete this section of the form for the requestor if the requestor requires assistance or otherwise does not complete the form. Requests for accommodation will be addressed promptly even if the requestor does not complete this form.

REQUESTOR NAME		REQUESTOR SIGNATURE	
DATE OF REQUEST	PHONE	EMAIL	
IF REQUESTOR IS AN AGENCY EMPLOYEE			
REQUESTOR'S TITLE, SERIES, GRADE		REQUESTOR'S DIRECTORATE, OFFICE AND OFFICE ADDRESS	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		PHONE AND EMAIL OF IMMEDIATE SUPERVISOR	
IF THE REQUESTOR IS AN APPLICANT			
POSITION APPLIED FOR (if the requestor is an applicant)		JOB OPPORTUNITY ANNOUNCEMENT NUMBER	

QUESTIONS TO CLARIFY ACCOMMODATION REQUESTED

1. WHAT SPECIFIC ACCOMMODATION ARE YOU REQUESTING?

2. IF YOU ARE REQUESTING A SPECIFIC ACCOMMODATION, HOW WILL THAT ACCOMMODATION ASSIST YOU IN PERFORMING THE ESSENTIAL FUNCTIONS OF YOUR POSITION, ACCESS THE WORKPLACE, OR ENJOY ACCESS TO PRIVILEGES OR BENEFITS OF EMPLOYMENT?

3. IF YOU ARE NOT SURE WHAT ACCOMMODATION YOU NEED, DO YOU HAVE ANY SUGGESTIONS ABOUT WHAT OPTIONS WE CAN EXPLORE?

4. IS YOUR REQUEST TIME SENSITIVE?

QUESTIONS TO DOCUMENT THE REASON FOR THE ACCOMMODATION REQUEST

1. WHAT, IF ANY, JOB FUNCTION ARE YOU HAVING DIFFICULTY PERFORMING?

2. WHAT, IF ANY, DIFFICULTY ARE YOU HAVING ACCESSING THE WORK ENVIRONMENT OR A BENEFIT OR PRIVILEGE OF EMPLOYMENT?

3. SPECIFICALLY, WHAT LIMITATION IS INTERFERING WITH YOUR ABILITY TO PERFORM YOUR JOB, ACCESS THE WORK ENVIRONMENT, OR ACCESS A BENEFIT OR PRIVILEGE OF EMPLOYMENT?

4. HAVE YOU HAD AN ACCOMODATION IN THE PAST FOR THIS SAME LIMITATION?
 YES
 NO
 IF YES, WHAT WAS THE ACCOMMODATION AND HOW EFFECTIVE WAS IT?

5. PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT BE USEFUL IN PROCESSING YOUR ACCOMMODATION REQUEST

PART B - RESOLUTION OF REASONABLE ACCOMMODATION REQUEST

The Deciding Official will complete Part B.

DECIDING OFFICIAL NAME	DECIDING OFFICIAL SIGNATURE
DECIDING OFFICIALS OFFICE AND ADDRESS	DECIDING OFFICIALS PHONE AND EMAIL

1. REASONABLE ACCOMMODATION(S):
 APPROVED AS SPECIFICALLY REQUESTED
 APPROVED ALTERNATIVE ACCOMMODATION
 DENIED (Must be first coordinated with the Disability Program Manager, Employee Relations, and Office of General Counsel before notifying the employee or applicant for employment)

2a. ACCOMMODATION(S) APPROVED (IF DIFFERENT FROM WHAT WAS REQUESTED)

2b. EXPLAIN THE REASON FOR THE ALTERNATIVE ACCOMMODATION IN LIEU OF THE ONE REQUESTED AND WHY THE ALTERNATIVE IS EXPECTED TO BE EFFECTIVE.

3. IF AN ALTERNATIVE ACCOMMODATION WAS OFFERED, NOTE IF THE EMPLOYEE ACCEPTED OR REJECTED IT:

ACCEPTED

REJECTED

4a. IF REQUEST WAS DENIED, INDICATE WHY (check all the apply):

REQUESTOR DOES NOT HAVE A REHABILITATION ACT DISABILITY

ACCOMMODATION INEFFECTIVE

ACCOMMODATION WOULD CAUSE UNDUE HARDSHIP

MEDICAL DOCUMENTATION INADEQUATE

ACCOMMODATION WOULD REQUIRE REMOVAL OF ESSENTIAL FUNCTION

ACCOMMODATION WOULD REQUIRE LOWERING PERFORMANCE STANDARD

OTHER (please describe)

4b. DETAILED REASON(S) FOR DENIAL. YOU MUST BE SPECIFIC (for example, why accommodation would be ineffective or cause undue hardship)

5. IF THERE WERE ANY DELAYS IN THE PROCESS OR IN PROVIDING THE ACCOMMODATION, PROVIDE REASONS FOR DELAYS.

6. WHICH FUNDING SOURCE IS USED FOR THE REQUESTOR

WORKING CAPITAL

GENERAL

PART C - REASONABLE ACCOMMODATION REPORTING INFORMATION

The RAC will complete Part C.

RAC'S NAME

RAC'S SIGNATURE

DATE RAC RECEIVED REQUEST

DATE RAC RESPONDED TO REQUESTOR OR TO THE DECIDING OFFICIAL

1. DETERMINED THAT THE REQUESTOR DOES / DOES NOT HAVE A DISABILITY AS DEFINED BY THE REHABILITATION ACT, NO DISABILITY DETERMINATION MADE.

2. REASONABLE ACCOMMODATION NEEDED FOR

APPLICATION PROCESS

PERFORMING JOB FUNCTIONS OR ACCESSING THE WORK ENVIRONMENT

ACCESSING A BENEFIT OR PRIVILEGE OF EMPLOYMENT

3. SOURCES OF TECHNICAL ASSISTANCE, IF ANY, CONSULTED IN TRYING TO IDENTIFY POSSIBLE REASONABLE ACCOMMODATIONS (CAP, JOB ACCOMMODATION NETWORK, DISABILITY ORGANIZATION)

4. WAS MEDICAL DOCUMENTATION REQUESTED?

- a. IF YES, WHY?
- b. DATE REQUEST GIVEN TO THE EMPLOYEE OR APPLICANT
- c. DATE EMPLOYEE OR APPLICANT PROVIDED THE DOCUMENTATION
- d. AGENCY REVIEWER OF MEDICAL DOUMENTATION (Name and Title)
- e. DOCUMENTATION SUPPORTS THE NEED FOR AN ACCOMMODATION?

5. DATE ACCOMMODATION APPROVED OR DENIED

6. DATE ACCOMMODATION PROVIDED (if different from date approved)

7. IF TIMEFRAMES OUTLINED IN THE CURRENT AGENCY GOVERNING REGULATION WERE NOT MET, EXPLAIN WHY

NOTE: Records and information related to reasonable accommodation requests shall not become part of any personnel record, official or unofficial. This includes the fact that an accommodation has been requested or approved and information about the individual's functional limitations. Any Agency employee who obtains or receives such information is strictly bound by these confidentiality requirements. Information will be shared only with those who have a need to know in order to process and provide the accommodation.

APPEAL RIGHTS

If you are dissatisfied with the resolution of a reasonable accommodation request, you may file a grievance in accordance with current agency governing regulation regarding "employee grievances," or you may pursue an administrative or statutory right, but you may not file both.

You may request reconsideration in writing within 30 calendar days of receipt of the initial denial that the deciding official reconsider his or her decision. The deciding official will respond to your request for reconsideration within 15 calendar days. Requesting reconsideration does not extend the time limits for initiating administrative or statutory claims. If the Deciding Official does not reverse the decision, the employee or applicant can request reconsideration by the next level supervisor in writing within 30 calendar days of receiving notice that the Deciding Official is not granting the request for reconsideration. A response will be provided within 15 calendar days. Requests for reconsideration shall be coordinated with the Disability Program Manager, Employee Relations, and Office of General Counsel.

If you wish to pursue an administrative or statutory rights, you must take the following steps:

To initiate an EEO complaint, you must bring the matter to the attention of an EEO counselor within 45 calendar days of receipt of the decision.

For adverse actions over which the merit systems protection board (MSPB) has jurisdiction, initiate an appeal to the MSPB within 30 calendar days of an appealable adverse action as defined in DCIPS volume 2009.

For Alternative Dispute Resolution (ADR), contact the Diversity and EEO office to initiate a request for participation in the Agency ADR process.

COMMENTS