



Reasonable Accommodation Package



Instructions:

1. Requestor: Complete Parts A and B (pages 2-5) and digitally sign the form (if able).
Request your medical provider complete Part C (pages 6-8).
2. Deciding Official: Complete Part D (pages 9-11) and digitally sign the form.
Email completed document to the Natick EEO office.
3. Natick EEO Office: Assign RA Tracker Number.

Equal Employment Opportunity Office

10 General Greene Ave

Carney Hall, Room A106

Natick, MA 01760

Tel: (508) 206-4017

REQUEST FOR REASONABLE ACCOMMODATION (RA) FORM

PART A

Date of Request:

Printed Name of Employee:

Employee Email Address:

Employee Phone Number: Office:

Home/Cell:

Employee Pay Plan, Series, Grade:

Job Title:

Command:

UIC:

Directorate/Office:

Address:

First Level Supervisor's Name:

First Level Supervisor's Email Address:

First Level Supervisor's Phone Number:

Log Number (Provided by EEO):

Date:

This information will be used by my supervisor, or any other person, including the agency's legal counsel, who is authorized by my agency to handle medical information for Rehabilitation Act/Americans with Disabilities Act (ADA) purposes and, any information concerning my physical or mental condition, that is necessary to determine whether I have a disability as defined by the Rehabilitation/ADA, and to determine whether any reasonable accommodations (RA) can be made.

NOTICE: The provision of this information is voluntary, however if you refuse to provide it, your agency may refuse to provide reasonable accommodation. You may furnish this information in the space provided below or you may respond on attached pages if you prefer. Please answer all questions as carefully and completely as possible. Please be advised that requests for medical documentation may be necessary.

The Equal Employment Opportunity Commission (EEOC) defines an individual with a disability is a person who has: (1) A physical or mental impairment that substantially limits one or more

major life activities; (2) A record of such an impairment; or (3) Is regarded as having such an impairment. Examples of major life activities may include, but are not limited to: Caring for one's self; performing manual tasks; walking; seeing; hearing; speaking; breathing; learning; working; sitting; standing; lifting; reaching; concentrating; interacting with others; and reading (29 CFR 1630.2(h)(2)(i); 29 CFR App. 1630.2(i). Also includes major bodily functions (e.g., functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (Note: Mitigating measures other than ordinary eyeglasses or contact lenses will not be considered in assessing whether an individual has a disability. Also, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.)

1. Please describe the nature of your limitations, what major life activity(s) it substantially limits, and specifically describe how this major life activity(s) is substantially limited.

2. How does it affect your ability to perform your job? Provide specific examples.

3. Type of accommodation you are requesting:

- Alternate Work Schedule
- Assistive Devices (Non-CAP)
- CAP request (Computer or Electronic Office Equipment)
- CAP request (Computer Software)
- Furniture
- Materials in alternative formats
- Parking
- Reconfigured work space
- Removal of an architectural barrier
- Sign Language Interpreter or Captioning Request
- Telework
- Other (specify): Please describe in detail the accommodation you are requesting:

4. How will the requested accommodation be effective in allowing you to perform the essential functions of your job?

5. How long do you believe you will need the required accommodations?

6. Explain any time sensitive issues related to the request.

7. Additional Comments:

If a disability and/ or need for reasonable accommodation is not obvious or already on file with the Agency, the Agency has a right to request medical documentation to substantiate the disability and the requested accommodation. If you have been asked to provide any medical information, the information should be attached to and submitted with this form, unless it has already been provided.

Privacy Act Statement: The information provided by you will be used primarily to facilitate the processing of your request for accommodation. Parties with a need-to-know will have access to this information as necessary and appropriate to make a determination. Failure to provide accurate and complete medical documentation may make it difficult to properly process your request.

I certify that the statements and information provided in this document are true and complete to the best of my knowledge. I hereby acknowledge any information provided may be released to authorized agency officials with a need to know.

Signature of Employee: _____ Date: _____

Signature of Management Official: _____ Date: _____

(Acknowledges Receipt of Request for Accommodation)

_Print Name_____

PART B: AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

To:

Name of Medical Provider

Address

City, State, Zip Code

Re: _____

Printed Name of Patient and Last Four of SSN

Address

City, State, Zip Code

I hereby authorize _____ (Medical Provider) to disclose to CPAC, Natick, MA, or any other person, including the agency's Legal Counsel, who is authorized by my agency to handle medical information for Rehabilitation Act/ADA purposes any information concerning my physical or mental condition, that is necessary to determine whether I have a disability and to determine whether any accommodations can be made.

I also authorize CPAC, Natick, MA, or any other person who is authorized by my agency to handle medical information for Rehabilitation Act/ADA purposes, to speak to my treating physician or health care provider directly in regards to any questions he or she may have with respect to my condition that relates to the performance of the essential functions of my job and any accommodations that may be necessary.

I understand that the requested data is for the above-mentioned purposes, and that I may refuse to provide the requested medical information. However, I understand that if I refuse to provide the information, my employer may refuse to provide reasonable accommodation.

This authorization is valid for one year from the date indicated below or upon receipt of my signed written notice to withdraw my consent. A photocopy is as valid as an original.

Signature of Patient

Date

TO BE COMPLETED BY MEDICAL PROVIDER

PART C

Patients (Printed) Name & Last 4 of SSN: _____

1. Does this individual currently have a physical or mental impairment? Yes ___ No ___

If yes, what is the diagnosis?

2. Is the impairment long-term or permanent (specify which)?

If not permanent, how long do you expect the impairment will likely last?

Answer the following questions based on what limitations the employee has when his/her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

3. Does the impairment substantially limit a major life activity? Yes ___ No ___

If yes, what major life activity(s) is/are affected?

Caring for Self ___ Walking ___ Hearing ___ Lifting ___ Interacting with Others ___ Breathing ___

Performing Manual Tasks ___ Standing ___ Seeing ___ Sleeping ___ Working ___
Reaching ___

Thinking ___ Toileting ___ Learning ___ Sitting ___ Concentrating ___ Reproduction ___

Other (describe):

4. Does the impairment substantially limit the operation of a major bodily function? (Note: Does not need to significantly or severely restrict to meet this standard.) Yes ___ No ___

If yes, what bodily function(s) is/are affected?

Immune ___ Hemic ___ Circulatory ___ Normal Cell Growth ___ Digestive ___

Bowel ___ Bladder ___ Genitourinary ___ Special Sense Organs & Skin ___

Lymphatic ___ Brain ___ Neurological ___ Respiratory ___ Endocrine ___ Reproductive ___
Musculoskeletal ___

Special Sense ___ Cardiovascular ___ Other (describe):

Questions to help determine whether an accommodation is needed. An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

5. What limitation(s) is interfering with job performance?

6. What job function(s) is the employee having trouble performing because of the limitation(s)? (Please see the attached Position Description.)

7. How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

Questions to help determine effective accommodation options. If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

8. Do you have any suggestions regarding possible accommodations to improve job performance? Yes ___ No ___ If so, what are they?

How would your suggestions improve the employee's job performance?

9. Additional Comments:

Doctor's Printed Name:

Doctor's Signature (not stamp):

DATE:

Address (City, State, Zip Code):

PART D
DISPOSITION OF REASONABLE ACCOMMODATION REQUEST

To Be Completed by Deciding Official. This form is used for record-keeping and reporting purposes only. It should be maintained separately from the employee's personnel file and is a confidential document. Attach copies of all documents obtained or developed in processing this report form. **Please submit this form as soon as possible after final determination of the reasonable accommodation request to the servicing Disability Program Manager (DPM).**

1. Name and Title of Individual Requesting Reasonable Accommodation:

2. Agency/Directorate/UIC of Requesting Individual:
Agency/Directorate: _____ UIC: _____
3. Reasonable accommodation: (*Check one*)
 Approved
 Denied (If denied, attach copy of the written denial letter/memo stating reason)
4. Describe the type of accommodation requested:

5. Describe the type of accommodation granted (if different from what was requested):

6. Date reasonable accommodation request referred to deciding official (*i.e., Supervisor, Office or Division Director, HR Specialist*): _____
7. Name and Title of Deciding Official: _____
8. Date reasonable accommodation approved or denied: _____
9. Date of disposition of the reasonable accommodation request (if different from date approved):

10. Interim measures provided, if any:

11. If time frames outlined for Reasonable Accommodation Procedures, were not met, please explain:

12. Request for reasonable accommodation denied because: (*You may check more than one box*)
 Accommodation ineffective
 Medical documentation inadequate
 Accommodation would require removal of an essential function or otherwise would require lowering of performance or production standard
 Accommodation would cause undue hardship

13. Detailed reason(s) for the denial of reasonable accommodation(s). Must be specific, (e.g. *why accommodation would be ineffective or cause undue hardship*).

14. If the proposed reasonable accommodation was rejected but another one was offered and accepted, please explain.

15. If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of reasonable accommodation, explain both the reasons for the denial of the requested accommodation and why you believe the chosen accommodation would be effective.

16. Was medical information required to process this request? Yes No

17. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network, disability organization, Reasonable Accommodation Coordinator).

18. Comments:

CERTIFICATION AND CONSENT BY DECIDING OFFICIAL

I hereby certify that all statements made above are true to the best of my knowledge and belief.

Deciding Official Signature Date Phone Number Email Address

For More information please contact:

Equal Employment Opportunity Office

Attention: Disability Program Manager
10 General Greene Ave, Carney Hall, Room A106
Natick, MA 01760
(508) 206-4017

If the Requestor is not satisfied with this decision, s/he may do the following:

a. Direct a request for reconsideration to the person who issued the decision (the Deciding Official) in response to your request, or to a supervisor in that person's chain of command. Your request for reconsideration must be delivered no later than 30 business days from the date you received your decision. Please include a copy of the decision issued to you with your request and any additional information or arguments you choose to submit.

b. If an individual wishes to file an Equal Employment Opportunity (EEO) complaint, or pursue Merit Systems Protection Board Request (MSPB) or union grievance procedures, he/she must take the following steps:

- For an EEO complaint, contact the EEO office within 45 days of receipt of the decision;
- For an MSPB appeal, file within 30 days of an action that is appealable to the board; or
- For a collective bargaining claim, file a written grievance in accordance with appropriate grievance procedures.

c. Direct a request for Alternative Dispute Resolution (ADR) to the appropriate ADR program coordinator in your respective Agency within 15 days of the receipt of the decision.

Special Note: Each grievance/complaint procedure(s) timelines run congruently as of the date of the decision. In other words, timelines for the above procedures start on the date of the decision and do not hold for another filed procedure.

Privacy Act Advisory Statement

The Privacy Act of 1974 requires that you be given certain information about this request for information. The authority for the accommodation request form is derived from the Rehabilitation Act of 1973, as amended, which stipulates that Federal agencies must provide reasonable accommodations to qualified individuals with disabilities. 29 U.S.C. Section 791; 29 C.F.R. Part 1614; see also 20 C.F.R. part 1630. Further, Executive Order 13164 mandates that Federal agencies have written procedures for providing reasonable accommodation and maintain records in order to monitor the effectiveness of the procedures. Completion of this form is voluntary, however, no accommodation may be given to a qualified individual without this written information. The EEO Disability Program Manager shall maintain a record of all accommodation requests, which will be utilized to determine the efficacy and consistency of the reasonable accommodation procedures process and be compiled for reports to the Equal Employment Opportunity Commission (EEOC); these records are subject to periodic review by the EEOC, at its request, to ensure compliance. Other routine uses are listed below.

Routine Uses

1. In the event that a system of records maintained by the Agency to carry out its functions indicates a violation or potential violation of law or contract, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or contract, or rule, regulation, or order issued pursuant thereto, or the necessity to protect an interest of the Department, the relevant records in the system of records may be referred to the appropriate agency, whether Federal, state, local, or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute or contract, or rule, regulation, or order issued pursuant thereto, or protecting the interest of the Agency.
2. A record from this system of records may be disclosed to a Federal, state, or local agency maintaining civil, criminal, or other relevant enforcement information, or other pertinent information, such as current licenses, if necessary to obtain information relevant to a Department decision concerning the assignment, hiring, or retention of an individual, the issuance of a license, grant or other benefit.
3. A record from this system of records may be disclosed to a Federal, state, local or international agency, in response to its request, in connection with the assignment, hiring, or retention of an individual, the issuance of a security clearance, the reporting of an investigation of the individual, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
4. A record from this system of records may be disclosed in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
5. A record in this system of records may be disclosed to a Member of Congress submitting a request involving an individual when the individual has requested assistance from the Member with respect to the subject matter of the record.
6. A record in this system of records may be disclosed to the Department of Justice in connection with determining whether disclosure thereof is required by the Freedom of

Information Act (5 U.S.C. 552).

7. A record in this system of records may be disclosed to a contractor of the Agency having need for the information in the performance of a contract, but not operating a system of records within the meaning of 5 U.S.C. 552a(m).

8. A record in this system may be disclosed to the Office of Personnel Management for personnel research purposes; as a data source for management information; for the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained; or for related manpower studies.

9. A record from this system of records may be disclosed to the Administrator, General Services Administration (GSA), or his designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e. GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

10. A record in this system of records may be disclosed to any source from which additional information is requested in the course of processing a grievance to the extent necessary to identify the individual, inform the source of the purposes(s) of the request, and identify the type of information requested.

11. A record in this system of records may be disclosed to officials of the Office of Personnel Management, Merit Systems Protection Board, including the Office of the Special Counsel, the Federal Labor Relations Authority and its General Counsel, or the Equal Employment Opportunity Commission, the Department of State, or the Department of Labor when requested in performance of their authorized duties.

12. A record in this system of records may be disclosed in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding.

13. A record in this system of records may be disclosed to officials or labor organizations reorganized under the Civil Service Reform Act when relevant and necessary to their duties of exclusive representation concerning personnel policies, practices, and matters affecting work conditions.

14. A record in this system of records may be disclosed to commercial contractors (debt collection agencies) for the purpose of collecting delinquent debts authorized by the Debt Collection Act (31 U.S.C. 3718).

15. A record in this system of records may be disclosed to Senior State Department officials at U.S. Embassies, including the Ambassador, Deputy Chief of Mission, Administrative Counselor and Human Resource Officers, for matters relating to employment or security issues pertaining to Department of Commerce employees working in U.S. Embassies or facilities overseas.