



**HEADQUARTERS  
DEFENSE HUMAN RESOURCES ACTIVITY  
4800 MARK CENTER DRIVE, SUITE 06J25-01  
ALEXANDRIA, VA 22350-4000**

**OPERATING INSTRUCTION**

**SUBJECT:** Defense Human Resources Activity Reasonable Accommodations Program

- References:**
- (a) Executive Order 13164, 3 CFR § 102 “Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation,” July 28, 2000
  - (b) Title 29 U.S.C. §§ 791, 794, 794d, “The Rehabilitation Act of 1973,” Sections 501, 504 and 508, as amended.
  - (c) The Americans with Disabilities Act Amendment Act of 2008 (ADAAA), January 1, 2009
  - (d) DoD Directive 1020.1, “Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense,” November 21, 2003

1. PURPOSE

This Operating Instruction (OI) establishes policies, responsibilities, and procedures for the Reasonable Accommodations Program within the Defense Human Resources Activity (DHRA).

2. APPLICABILITY

This OI applies to all DHRA employees.

3. POLICY

- 3.1 DHRA is both committed and required to provide reasonable accommodations to the known physical or mental limitations of qualified employees or applicants for employment with a disability, unless doing so would cause undue hardship to DHRA.
- 3.2 A reasonable accommodation is any change in the work environment to assist a qualified individual with a disability to apply for a job, perform the essential functions of a job, or enjoy the benefits and privileges of employment. It is the policy of the Department of Defense (DoD) that no qualified employee or applicant for employment shall be subjected to discrimination on the basis of disability under any program or activity that receives or benefits from Federal financial assistance disbursed by a DoD Component or under any Federal program or activity that is conducted by a DoD Component.
- 3.3 As necessary, DHRA will also provide employees with Personal Assistive Services (PAS) to help eligible DHRA employees who, because of targeted disabilities, require assistance to perform basic activities of daily living that are not otherwise required as a reasonable accommodation.
- 3.4 Requests for reasonable accommodations will be processed in accordance with References (a) through (d), as relevant, and this OI.
- 3.5 The procedure for requesting PAS is in Enclosure 1.

#### 4. RESPONSIBILITIES

- 4.1 Employees and/or applicants for employment are responsible for requesting and participating in the interactive process of reasonable accommodations.
- 4.2 Supervisors/Decision Makers are responsible for the following:
  - 4.2.1 Documenting requests for reasonable accommodations.
  - 4.2.2 Consulting with the DHRA Disability Program Manager (DPM) regarding the reasonable accommodation process.
  - 4.2.3 Engaging in the interactive process with the individual to discuss the job functions, the need for accommodation, and identify an effective accommodation that does not impose an undue hardship on DHRA.
  - 4.2.4 Notifying the requesting individual in writing of the final decision whether to grant or deny the accommodation. If the request is granted, the notice will include how the accommodation will be provided. If the request is denied, the notice will include the requestor's reconsideration and appeal rights and/or the right to seek Equal Employment Opportunity (EEO) counseling.
- 4.3 The Director, Mission Support Directorate (MSD), is responsible for ensuring the effective functioning of reasonable accommodations policy and procedures.
- 4.4 The DHRA DPM is responsible for the following:
  - 4.4.1 Coordinating, tracking, and providing advice on the reasonable accommodations process at all levels.
  - 4.4.2 Receiving and maintaining reasonable accommodation requests and notifying supervisors immediately when employees submit a reasonable accommodation request.
  - 4.4.3 Requesting and receiving medical documentation in support of the reasonable accommodation request, safeguarding the documentation, and forwarding it to the Federal Occupational Health (FOH) physician for a medical sufficiency review when the disability and/or need for reasonable accommodation is not obvious.
  - 4.4.4 Entering information related to all reasonable accommodation requests and case disposition into the DHRA electronic tracking system.
  - 4.4.5 Developing and coordinating the dissemination of information and training of DHRA employees on reasonable accommodations.
- 4.5 FOH Physicians are responsible for the following:
  - 4.5.1 Reviewing the medical documentation and assisting DHRA in determining whether the documentation is sufficient to make a decision, whether the medical condition impairs the individual's ability to perform the essential functions of the job, and provide detailed information on the individual's functional limitations to assist the supervisor in identifying what types of accommodation(s) would be reasonable and effective.

#### 5. PROCEDURES

- 5.1 Employees can request a reasonable accommodation, verbally or in writing, through their immediate supervisor or the DHRA DPM.
- 5.2 The supervisor and the individual requesting the reasonable accommodation will engage in an interactive process to discuss the individual's medical limitations and the need for accommodations. This is designed to facilitate the process and allow the

supervisor to determine whether an accommodation is reasonable and, if so, what would be an effective accommodation that does not impose an undue hardship on DHRA.

- 5.3 The supervisor must consult with the DPM before deciding whether to grant or deny the request.
- 5.4 The accommodation, if approved, will be provided within a reasonable timeframe from when the request was made, unless there are extenuating circumstances.
- 5.5 Individuals who are denied a reasonable accommodation may request reconsideration from the decision maker and/or contact the DHRA EEO office to be advised of their rights. Note: Employees or applicants may contact the DHRA EEO office at any time to be advised of their rights.
- 5.6 If the request for reconsideration is denied, the requesting individual may appeal the denial to the next-level supervisor and/or contact the DHRA EEO office to be advised of their rights.

6. EFFECTIVE DATE: August 30, 2018

William H. Booth  
Director

Enclosures:

1. Personal Assistance Services Procedure
2. Definition of Terms
3. Process Flowchart
4. Forms

## ENCLOSURE 1

### PERSONAL ASSISTANCE SERVICES PROCEDURE

Pursuant to Section 501 of the Rehabilitation Act of 1973, as amended, DHRA provides Personal Assistance Services (PAS) to its employees. PAS are services available to help eligible DHRA employees who, because of targeted disabilities, require assistance to perform basic activities of daily living that are not otherwise required as a reasonable accommodation, like eating and using the restroom. PAS are not the same as services that help the individual perform job-related tasks, such as sign language interpreters for individuals who are deaf, or readers for individuals who are blind or have learning disabilities. Medical conditions that are more likely to result in the need for PAS include, for example, missing limbs or paralysis due to spinal cord injury.

The process and the forms used in requesting PAS are the same as in requesting for a reasonable accommodation. The individual does not need to mention Section 501 or the EEOC's regulations explicitly, or use terms such as "PAS" or "affirmative action" to trigger the agency's obligation to consider the request. The process is integrated into the reasonable accommodation process and is under the responsibility of the Disability Program Manager.

As with the reasonable accommodation process, individuals who request PAS and the managers deciding whether to grant or deny the request engage in the informal interactive process unless it is obvious that the individual has a targeted disability and needs the requested services.

Requests for PAS may be denied if the requester is not an employee of DHRA; the requester does not have a targeted disability; the targeted disability does not create a need for PAS; the requester is not able to perform the essential functions of the job, even with PAS and any reasonable accommodations; the requester would create a direct threat to safety on the job, even with PAS and any reasonable accommodations; or providing PAS would impose undue hardship on the agency.

Medical information gathered in this process is confidential and may only be shared with individuals who need to know the information to consider PAS for a specific individual.

## ENCLOSURE 2

### DEFINITION OF TERMS

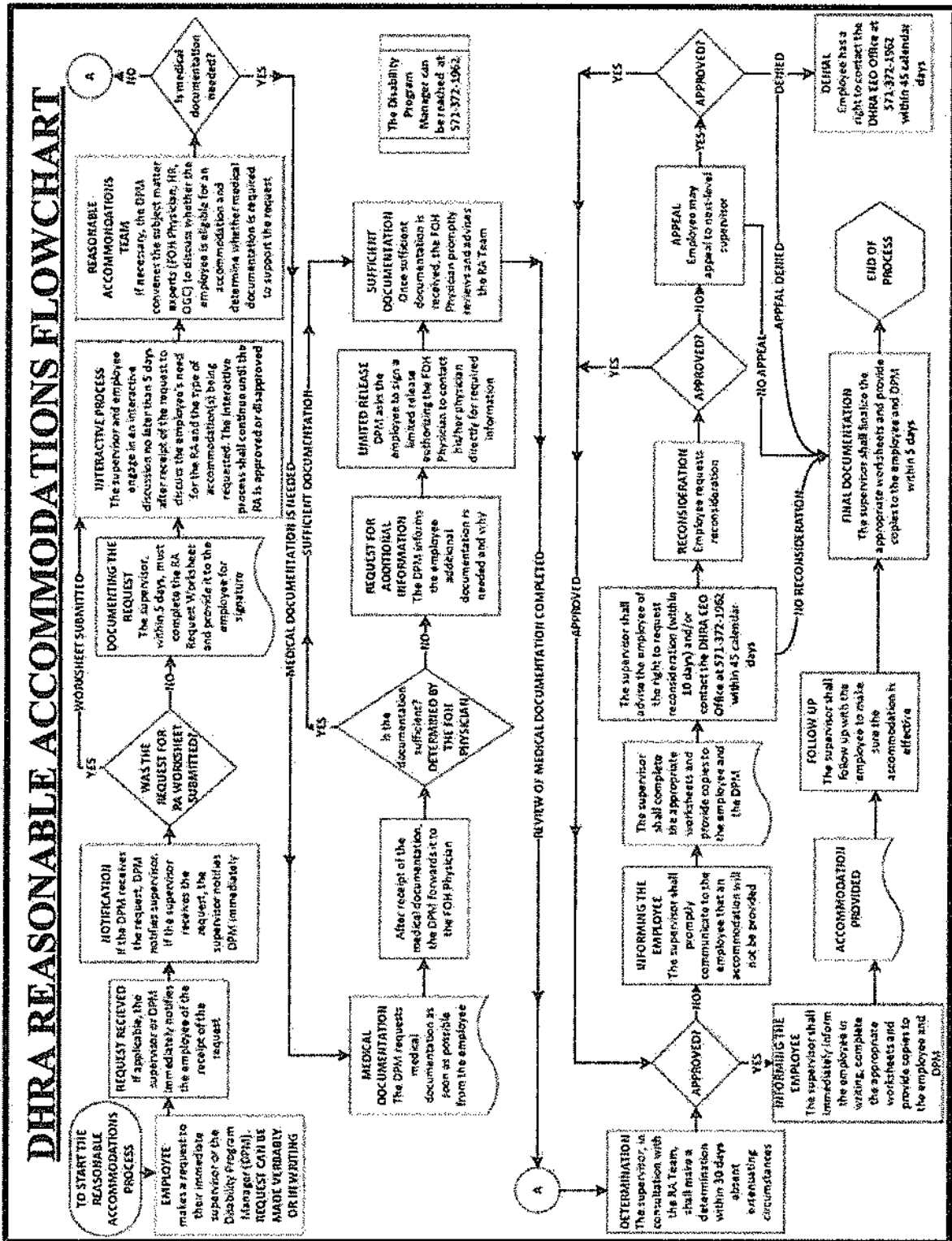
1. **Individual with Disability** - With respect to an individual, disability means: physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. This means that the individual has been subjected to a prohibited action, because of an actual or perceived impairment that is not both “transitory and minor.”
2. **Medical Records** - The Occupational Safety and Health Administration (OSHA) defines an “occupational medical record” as an occupation-related, chronological, cumulative record, regardless of the form or process by which it is maintained (i.e., paper document, microfiche, microfilm, or automatic data processing media). This means a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician.
3. **Mitigating Measures** - The non-ameliorative effects of mitigating measures, such as negative side effects of medication or burdens associated with following a particular treatment regimen, may be considered when determining whether an individual’s impairment substantially limits a major life activity.
4. **Personal Assistance Services (PAS)** - Services available to help eligible DHRA employees who, because of targeted disabilities, require assistance to perform basic activities of daily living that are not otherwise required as a reasonable accommodation, like eating and using the restroom. PAS are not the same as services that help the individual perform job-related tasks, such as sign language interpreters for individuals who are deaf, or readers for individuals who are blind or have learning disabilities. Medical conditions that are more likely to result in the need for PAS include, for example, missing limbs or paralysis due to spinal cord injury.
5. **Physical or Mental Impairment** - A physical impairment is any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sensory organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine. A mental impairment is any mental or psychological disorder, such as an intellectual disability (formerly “mental retardation”), organic brain syndrome, traumatic brain injury, emotional or mental illness and specific learning disabilities.
6. **Qualified** - The term “qualified,” with respect to an individual with a disability, means that the individual satisfies the requisite skill, experience, education and other job-related requirements of the employment position such individual holds or desires and, with or without reasonable accommodation, can perform the essential functions of such position.
7. **Reasonable Accommodation** - A reasonable accommodation is any change in the work environment to assist a person with a disability to apply for a job, perform the essential functions of a job or enjoy the benefits and privileges of employment. There are three (3) categories of reasonable accommodations:
  - a. Modifications or adjustments to a job application process to permit an individual with a disability to be considered for a job (such as providing application forms in alternative formats like large print or Braille).

- b. Modifications or adjustments necessary to enable an individual with a disability to perform the essential functions of the job (such as providing sign language interpreters).
  - c. Modifications or adjustments that enable employees with disabilities to enjoy equal benefits and privileges of employment (such as removing physical barriers in an office or common area such as a cafeteria).
8. **Reassignment** - Reassignment is the placement of an employee in a vacant position without competition at the same grade and potential currently held for which the employee is qualified. If a position of an equal grade is not available, an employee may voluntarily accept a change to a lower grade and to a vacant position for which the employee is qualified. Before considering reassignment as a reasonable accommodation, DHRA will first consider those reasonable accommodations that would enable the employee to remain in the current position. Reassignment is an accommodation of last resort and is required only after it has been determined that:
- a. There are no effective reasonable accommodations that enable employees to perform the essential functions of their current position; or
  - b. All other reasonable accommodations would impose an undue hardship.
  - c. If both supervisor and the employee voluntarily agree that reassignment is preferable to remaining in the current position with some form of reasonable accommodation, then DHRA may reassign the employee.
9. **Substantially Limits** - In order for a physical or mental impairment to be a “disability” under 42 U.S.C. § 12101 et seq., as amended, the impairment has to “substantially limit” a major life activity. The term “substantially limits” is construed broadly, utilizing nine (9) rules of construction that are applied in determining whether an impairment substantially limits (or substantially limited) a major life activity. These are:
- a. The term “substantially limits” is construed broadly in favor of expansive coverage, to the maximum extent permitted by law. “Substantially limits” is not meant to be a demanding standard.
  - b. An impairment is a disability within the meaning of the law if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, the individual from performing a major life activity in order to be considered substantially limiting. Nonetheless, not every impairment will constitute a disability within the meaning of the law.
  - c. The threshold issue of whether an impairment “substantially limits” a major life activity should not demand extensive analysis.
  - d. The determination of whether an impairment substantially limits a major life activity requires an individualized assessment. However, in making this assessment, the term “substantially limits” is interpreted and applied to require a degree of functional limitation that is lower than the standard for “substantially limits” applied by the Supreme Court prior to the 2008 amendments to 42 U.S.C. § 12101 et seq.
  - e. The comparison of an individual’s performance of a major life activity to the performance of the same major life activity by most people in the general population usually will not require scientific, medical or statistical analysis. This is not intended, however, to prohibit the presentation of scientific, medical or statistical evidence to make such a comparison where appropriate.

- f. The determination of whether an impairment substantially limits a major life activity is made without regard to the ameliorative effects of mitigating measures. However, the ameliorative effects of ordinary eyeglasses or contact lenses are considered in determining whether an impairment substantially limits a major life activity.
  - g. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.
  - h. An impairment that substantially limits one major life activity need not substantially limit other major life activities in order to be considered a substantially limiting impairment.
  - i. The six-month "transitory" part of the "transitory and minor" exception to "regarded as" coverage does not apply to the definition of "disability" under . . . the "actual disability" prong . . . or the "record of" prong of the regulations. The effects of an impairment lasting or expected to last fewer than six (6) months can be substantially limiting within the meaning of the regulations.
10. **Supervisor** - For purposes of this OI, the person who determines whether a request for reasonable accommodation is granted is referred to as "the supervisor." In the case of an employee, the supervisor, in most cases, will be the employee's immediate supervisor. In the case of an applicant, it will be the DHRA Servicing Team member who has been assigned to process the vacancy, in conjunction with the selecting official. There may be cases in which the appropriate deciding official is neither the immediate supervisor nor the DHRA Servicing Team member. In cases where the employee's immediate supervisor or the DHRA Servicing Team member processing the vacancy is not available to receive and process a request for reasonable accommodation, the next person in the supervisory chain will act as the supervisor.
  11. **Targeted disability** - a subset under disability which includes deafness, blindness, mental illness and retardation, missing limbs, partial paralysis, complete paralysis, deformed limbs or spinal distortion, epilepsy or other convulsive disorders, developmental disability, traumatic brain injury, dwarfism, and significant disfigurement.
  12. **Undue Hardship** - A significant difficulty or expense focused on the resources and circumstances of DHRA in relationship to the cost or difficulty of providing a specific reasonable accommodation. Undue hardship refers not only to financial difficulty, but also to reasonable accommodations that are unduly extensive, substantial or disruptive, or those that would fundamentally alter the nature of operation. DHRA will assess on a case-by-case basis whether a particular reasonable accommodation would cause undue hardship. In making the determination as to "significant difficulty or expense," DHRA will consider:
    - a. Overall size of DHRA's program with respect to the number of employees, number and type of facilities and size of budget;
    - b. Type of operation, including the composition and structure of DHRA's workforce;
    - c. The nature and net cost of the accommodation needed under this part, taking into consideration the availability of tax credits and deductions, and/or outside funding;
    - d. The overall financial resources involved in the provision of the reasonable accommodation, the number of persons employed and the effect on expenses and resources;
    - e. The overall financial resources available to DHRA with respect to the number of its employees and the number, type and location of its facilities;
    - f. The type of operation or operations of DHRA, including the composition, structure and functions of the workforce and the geographic separateness and administrative or fiscal relationship of DHRA's facility or facilities in question; and

g. The impact of the accommodation upon the operation of the facility, including the impact on the ability of other employees to perform their duties and the impact on the facility's ability to conduct business.





ENCLOSURE 4

FORMS

- DHRA Form 1 - Request for Reasonable Accommodation
- DHRA Form 2 - Reasonable Accommodation Medical Request
- DHRA Form 3 - Interactive Process Checklist for Supervisor
- DHRA Form 4 - Denial of Reasonable Accommodation
- DHRA Form 5 - Reasonable Accommodation Information Reporting

## REQUEST FOR REASONABLE ACCOMMODATION

*(Read Instructions And Privacy Act Statement on back of form Before Completing)*

1. REQUEST NUMBER (Internal Use Only) :

2. NAME OF EMPLOYEE OR APPLICANT:

3. PHONE NUMBER:

4. ORGANIZATION:

5. TODAY'S DATE:

6. REQUEST DATE:

7. ACCOMMODATION REQUESTED:

8. REASON FOR REQUEST:

9. ACCOMMODATION IS:

Temporary

Permanent

10. IF TEMPORARY, EXPLAIN AND PROVIDE EXPECTED DURATION OF THIS ACCOMMODATION

11. REQUESTOR'S NAME:

13. REQUESTOR'S SIGNATURE:

12. REQUESTOR'S TITLE:

## INSTRUCTIONS

### PRINT OR TYPE ALL RESPONSES

Request for Reasonable Accommodation Worksheet: This is what gives authorization to start the Reasonable Accommodations process. Form must be completed by the employee and/or supervisor and return it to Disability Program Office as soon as possible.

#### Instructions:

1. Disability Program Office or designee will assign Reasonable Accommodations request number. This number will be used on "ALL" correspondence pertaining to this request.
2. Name of Employee or Applicant: Provide the name (Last, First, M.I.) of the employee or applicant requiring the accommodation.
3. Contact Number: The ten digit (000-000-0000) preferred phone number where the employee/applicant can be reached during normal duty hours.
4. Office Location: Component name and location; e.g., Mark Center, HQ, Alexandria VA.
5. Today's Date: The date (DD-MMM-YYYY) the form is completed.
6. Request Date: Use the earliest date (DD-MMM-YYYY) the supervisor or Disability Program Office was notified of the request.
7. Accommodation Requested: Be as specific as possible, e.g., Adaptive equipment, Reader, Interpreter, Testing Material. Use a separate piece of paper or add additional supporting documents if necessary.
8. Reason for Request: Explain reasoning and time sensitivity by answering the following question. What limitation is interfering with the employees' ability to perform their job or utilize an employment benefit? E.g., employee is visually impaired and requires a larger computer monitor or applicant is hearing impaired and requires a sign language interpreter for their interview on 31 August 2025. Use a separate piece of paper or add additional supporting documents if necessary.
9. Accommodation Is: Check one box. Less than one year is considered temporary.
10. If Temporary: Explain and provide expected duration of this accommodation. Use a separate piece of paper or add additional supporting documents if necessary.
11. Requestor's Name: Provide the name (Last, First, M.I.) of the person completing the form.
12. Requestor's Title: Provide the title of the person completing the form.
13. Requestor's Signature: Electronic/digital or wet signature of the person completing the form.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 29 U.S.C. 791, Employment of Individuals with Disabilities; 42 U.S.C. Chapter 126, Equal Opportunity for Individuals with Disabilities; 29 CFR Part 1630, Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; and Director of Administration and Management Administrative Instruction 114, Reasonable Accommodation Program for Individuals with Disabilities

**PRINCIPAL PURPOSE(S):** To establish case records and document the consideration, decision, and implementation of requests for reasonable accommodation made by DHRA employees and applicants with physical and mental impairments.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Disclosure When Requesting Information Routine Use, Disclosure of Requested Information Routine Use, Congressional Inquiries, Disclosure to the Office Personnel Management Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, Disclosure to the Merit systems Protection Board Routine Use, and Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found Online at: <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

**DISCLOSURE:** Voluntary; however, failure to provide information may delay or impede the process of this Reasonable Accommodation Request.

### ADDITIONAL COMMENTS:

**REQUEST FOR MEDICAL DOCUMENTATION**

*(Read Privacy Act Statement and Instructions on back of form before completing)*

**SECTION 1- PATIENT AND MEDICAL PROFESSIONAL INFORMATION**

<b>1. REQUEST NUMBER</b> (Internal Use Only):	<b>2. NAME OF PATIENT:</b>
<b>3. NAME OF MEDICAL PROFESSIONAL:</b>	<b>4. TITLE OF MEDICAL PROFESSIONAL:</b>
<b>5. NAME OF MEDICAL FACILITY:</b>	<b>6. ADDRESS OF MEDICAL TREATMENT FACILITY:</b>

**SECTION 2 – PHYSICAL OR MENTAL IMPAIRMENT**

**7. DOES YOUR PATIENT HAVE ANY PHYSICAL OR MENTAL IMPAIRMENT(S)?**  
 YES                      NO

**8. IF YES, PLEASE STATE THE IMPAIRMENT(S):**

**9. HISTORY OF THE IMPAIRMENT INDICATED IN QUESTION #8:**

**10. IF A LIFE ACTIVITY IS LIMITED BY THE PHYSICAL OR MENTAL IMPAIRMENT LISTED IN QUESTION #8, PLEASE IDENTIFY WHICH LIFE ACTIVITY IS LIMITED.**

- |          |          |                           |               |                          |
|----------|----------|---------------------------|---------------|--------------------------|
| REACHING | WALKING  | SEEING                    | EATING        | CARING FOR ONESELF       |
| THINKING | READING  | SPEAKING                  | BREATHING     | INTERRACTING WITH OTHERS |
| LIFTING  | STANDING | SITTING                   | BENDING       | PERFORMING MANUAL TASKS  |
| HEARING  | SLEEPING | WORKING                   | CONCENTRATING |                          |
| LEARNING | OTHER    | IF OTHER, PLEASE SPECIFY: |               |                          |

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

<b>11. PLEASE SPECIFY HOW AND TO WHAT DEGREE YOUR PATIENT IS LIMITED IN EACH OF THE LIFE ACTIVITIES IDENTIFIED IN QUESTION 10?</b>		
LIFE ACTIVITY	TO WHAT DEGREE RESTRICTED	ALBE TO PERFORM
<b>12. IF YOUR PATIENT'S IMPAIRMENT IS EPISODIC IN NATURE, HOW OFTEN DOES IT OCCUR AND HOW LONG DO THE SYMPTOMS LAST?</b>		
<b>13. HOW LONG WILL YOUR PATIENT BE LIMITED IN PERFORMING THE LIFE ACTIVITY OR ACTIVITIES, IDENTIFIED IN QUESTION #8?</b>		
1 MONTH OR LESS	1-3 MONTHS	3-6 MONTHS
6-12 MONTHS	1 YEAR OR MORE	
<b>SECTION 3 - ACCOMMODATION</b>		
<b>14. DO THE LIMITATIONS YOU IDENTIFIED IN QUESTION #10 RESTRICT THE PATIENT'S ABILITY TO PERFORM THE JOB OR COMPLY WITH THE REQUIREMENTS OF THE POSITION?</b>		
YES	NO	







Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

**26. IF YES, WHAT ACCOMMODATION, IF ANY, WOULD ELIMINATE ANY DIRECT THREAT, OR REDUCE IT BELOW THE LEVEL OF A DIRECT THREAT?**

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**27. PROGNOSIS AND DIAGNOSIS:**

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**SECTION 5 – CERTIFICATION**

**THE INDIVIDUAL NAMED ABOVE IS MY PATIENT. THE INFORMATION PROVIDED HERE IS BASED UPON MY KNOWLEDGE OF THE PATIENT AND THE PATIENT'S PHYSICAL OR MENTAL IMPAIRMENT.**

<b>28. SIGNATURE OF MEDICAL PROFESSIONAL:</b>	<b>29. DATE:</b>
<b>30. WORK PHONE :</b>	<b>31. WORK EMAIL:</b>

## RELEASE AUTHORIZATION

I understand that:

- A. I have the right to revoke this authorization at any time and my revocation must be in writing and provided to the Disability Program Office.
- B. I am aware that if I later revoke this authorization, the person(s) I herein Name will have used and/or disclosed my protected information on the basis of this authorization.
- C. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- D. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the privacy act and 45 CFR §164.524.

I request and authorize the named provider/treatment facility to release the information described above to the named individual/organization indicated.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 29 U.S.C. 791, Employment of Individuals with Disabilities; 42 U.S.C. Chapter 126, Equal Opportunity for Individuals with Disabilities; 29 CFR Part 1630, Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; and Director of Administration and Management Administrative Instruction 114, Reasonable Accommodation Program for Individuals with Disabilities

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**DISCLOSURE:** Voluntary; however, failure to provide this information may delay or impede your Reasonable Accommodation Request.

## HOW TO USE THIS FORM

Your patient has requested a reasonable accommodation due to a medical condition and to expedite the processing of your patient's request please ensure your responses are VERY specific. Once completed, please return this document to your patient. The patient will return the document to The Defense Human Resources Activity (DHRA) Disability Program Office (DPO). PLEASE PRINT OR TYPE YOUR RESPONSES.

Please attach additional pages as necessary as well as any supporting medical documentation, and execute the attached medical release. However, **the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits** employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive productive services.

## INSTRUCTIONS

### PRINT OR TYPE ALL RESPONSES

**Medical Request Worksheet:** Completed by the employee and the employee's medical provider. The employee's current position description is attached to this form, as the medical provider will need to have knowledge of the essential functions of the employee's job. Feel free to use bond paper if necessary and attach all documentation needed to support the request.

#### Section 1

1. Patient Request Number: Provided by the Disability Program Office.
2. Name of Patient: Last name, first name and middle initial of patient.
3. Name of Medical Professional: Last, First, M.I. of medical professional providing treatment for the medical condition or limitation in question. Please use a SEPARATE form for each "medical professional."
4. Title of Medical Professional: Doctor, Physician's Assistant, Nurse, etc.
5. Name of Medical Treatment Facility/Business: Self-explanatory.
6. Medical Treatment Facility/Business Address: Self-explanatory.

#### Section 2

7. Does the patient have any physical or mental impairment: Select Yes or No.
8. If you answer YES for question 7, please explain the impairment. Example: vision impaired or hearing impaired,

**Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.**

9. Please indicate the **INITIAL DATE** the condition was medically diagnosed and describe in detail any previous medical restrictions associated with the impairment to include the degree to which the patient was limited. Please include the before and after dates of any previous restrictions associated with impairment in question.
10. If life activity is limited by the physical or mental impairment listed in question #8, please identify which life activity is limited, (Check all boxes that apply.)
11. Please **specify** how and to what degree your patient is limited in each of the life activities identified in question #10? For example: If lifting was identified as a limited life activity, how many pounds can your patient lift and the frequency or duration? If working was identified, please specify the class of jobs or broad range of jobs that the patient is unable/able to perform. If performing manual tasks was identified, please specify the tasks that are important to most people's daily lives that the patient is unable/able to perform.
12. If your patient's impairment is episodic in nature, how often does it occur and how long do the symptoms last?
13. How long will the patient be limited in performing the life activity or activities, as described in question #12? If unsure, check the box that will best describe the longevity of your limitation.

**Section 3**

14. Please review the patient's job requirements in the attached position description. Do the impairments identified in question #8 restrict the patient's ability to perform their job or comply with the requirements of the position? (Check yes or no)
15. If yes, please identify the functions of the patient's job he or she is able to perform and those functions he or she is unable to perform.
16. Does the patient require a leave of absence? Self-explanatory
17. If yes, would the leave of absence be? Self-explanatory
18. If continuous, would the leave be indefinite? **\*\*\*For questions #20 and #21, only answer the question that addresses the box you check for question #18 and #19.**
19. If the leave of absence is not indefinite, please specify the day of leave and the date the patient is expected to return to work.
20. If intermittent, please specify the time frame the intermittent leave is needed for as well as, the number of days per month or week the patient would require medical leave.
21. In your medical opinion, if the patient cannot perform their current job with or without a reasonable accommodation would the patient be able to work another position? (Self-explanatory)
22. If yes, please specify what other position(s) or work the patient could perform. (Self-explanatory)

**Section 4**

- 23. Would performing all of the functions of the patient’s job, either with or without an accommodation, result in a direct threat (significant risk of substantial harm) to the safety or health of the employee or other persons?: Self-explanatory
- 24. Please describe any direct threat to health or safety identified in question #23. (Self-explanatory)
- 25. Would an accommodation eliminate the direct threat to health or safety, or reduce it to below the level of a direct threat?: (Self-explanatory)
- 26. If yes, what accommodation, if any, would eliminate any direct threat, or reduce it below the level of a direct threat. :Self-explanatory
- 27. Please provide the prognosis and diagnosis of “each” medical condition and/or limitation associated with this request. **Prognosis** is defined as a medicine or medical a forecasting of the probable course and outcome of a medical condition to include the chances of recovery. **Diagnosis** is the process of determining which disease or condition explains a person's symptoms and signs.

**Section 5**

The individual named above is my patient. The information provided here is here is based upon my knowledge of the patient and the patient.

- 28. Signature of Medical Professional
- 29. Date (DD-MMM-YYYY)
- 30. Phone (XXX-XXX-XXXX) Preferred phone number in the event there are questions.
- 31. Email: Preferred email number in the event there are questions.

**ADDITIONAL COMMENTS:**

## REASONABLE ACCOMMODATION INTERACTIVE PROCESS

*(Read Privacy Act Statement and Instructions on back of form before completing)*

### SECTION 1- EMPLOYEE AND REQUEST INFORMATION

1. REQUEST NUMBER (Internal Use Only):

2. EMPLOYEE NAME:

3. ORGANIZATION:

4. JOB TITLE:

5. GRADE/RANK:

6. JOB SERIES:

7. DATE OF REQUEST:

### SECTION 2- SUPERVISOR COMPLETING CHECKLIST

8. NAME:

9. JOB TITLE:

10. GRADE/RANK:

11. DATE CHECKLIST INITIATED:

12. DATE CHECKLIST COMPLETED:

### SECTION 3 – THE INTERACTIVE CONVERSATION

13. IDENTIFY THE ESSENTIAL FUNCTIONS OF THE EMPLOYEE'S POSITION OR ASSIGNED DUTIES.

**14. DESCRIBE THE EMPLOYEES WORK RESTRICTIONS OR LIMITATIONS IN LIGHT OF THE ESSENTIAL FUNCTIONS OF THE EMPLOYEE'S POSITION OR ASSIGNED DUTIES.**

**15. HOW LONG DOES THE EMPLOYEE THINK HE/SHE WILL HAVE RESTRICTIONS?**

**16. DOES THE EMPLOYEE FORESEE ANY BARRIERS OR DIFFICULTIES IN PERFORMING THE ESSENTIAL FUNCTIONS OF THEIR JOB OR ASSIGNED DUTIES WITH THE RESTRICTIONS OR LIMITATIONS?**

**17. WHAT ACCOMMODATIONS, WOULD EFFECTIVELY ENABLE THE EMPLOYEE TO PERFORM THE ESSENTIAL FUNCTIONS OF THEIR JOB OR ASSIGNED DUTIES?**



<b>18. ARE ANY OF THE IDENTIFIED ACCOMMODATIONS REASONABLE?</b>	
<b>19. DOES THE EMPLOYEE HAVE ANY MEDICAL DOCUMENTATION?</b>	YES NO
<b>20. DATES FOR FOLLOW-UP DISCUSSIONS:</b>	
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>SECTION 4 - REVIEW OF THE INITIAL INTERVIEW</b>	
Use the questions and your answers to help create a possible solution or explain why the accommodation cannot be provided.	
<b>21. WHAT ACCOMMODATIONS CAN THE AGENCY PROVIDE?</b>	

**22. WHAT EQUIPMENT CAN THE AGENCY PROVIDE?**

**23. IS THE EMPLOYEE OPEN TO A JOB CHANGE IF NECESSARY?**

**24. WOULD A CHANGE IN SCHEDULE SOLVE THE PROBLEM? IF SO, IDENTIFY THE PROPOSED SCHEDULE?**

**25. IF THE REQUESTED ACCOMMODATION IS EXTENSIVE LEAVE OF ABSENCE, CAN THE POSITION BE HELD?**

**26. IF THE ACCOMMODATION IS APPROVED, WHAT AFFECT, IF ANY, WOULD IT HAVE ON THE WORK CENTER?**

**27. HAVE YOU MADE OR DENIED SIMILAR ACCOMMODATIONS WITH OTHER EMPLOYEES IN THE PAST?**

**28. IF OTHER EMPLOYEES WITH SIMILAR NEEDS ASKED FOR THIS ACCOMMODATION, WHAT IMPACT WOULD THAT HAVE ON THE WORK CENTER?**

**29. CAN YOU SUPPORT THIS REASONABLE ACCOMMODATION REQUEST? IF NOT, WHY?**

**30. CHECK THE BOX THAT BEST DESCRIBES YOUR PROPOSED SOLUTION (PLEASE CHOOSE ONE):**

MODIFIED WORK DUTIES

LEAVE OF ABSENCE

SPECIAL EQUIPMENT OR  
OTHER RESOURCE

CANNOT ACCOMMODATE  
REQUEST

SCHEDULE CHANGE

NEED FURTHER GUIDANCE

JOB CHANGE

OTHER (DESCRIBE BELOW)

**DESCRIBE THE PROPOSED ACCOMMODATION, IF APPLICABLE:**

### SECTION 5 – REVIEW AND APPROVAL

- Send this completed checklist to the DPM who will advise on how to move forward with the accommodation.
- The Disability Program Office (DPO) may contact you for more information.
- If you have determined you cannot accommodate the employee the Disability Program Office can assist in facilitating the discussion with the employee.
- Be prepared to meet with the employee on multiple occasions to provide additional solution.

### SECTION 6 – MONITORING AND FOLLOW-UP

- Meeting with the employee to establish or implement the accommodations;
- Provide the employee written confirmation of this approved accommodation;
- Periodically confirm with the employee that the accommodation is effective; and
- Document the plan's progress and provide all follow-up notes to the DPO for inclusion in the employees request for reasonable accommodation file.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 29 U.S.C. 791, Employment of Individuals with Disabilities; 42 U.S.C. Chapter 126, Equal Opportunity for Individuals with Disabilities; 29 CFR Part 1630, Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; and Director of Administration and Management Administrative Instruction 114, Reasonable Accommodation Program for Individuals with Disabilities

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**DISCLOSURE:** Voluntary; however, failure to provide this information may delay or impede your Reasonable Accommodation Request.

### INSTRUCTIONS

#### PRINT OR TYPE ALL RESPONSES

DHRA is committed to creating a rewarding place for our employees to work. From time to time, an employee may not be able to perform all of the duties of his or her job without a reasonable accommodation. We engage in an interactive process with employees to explore accommodations that allow them to continue to work without creating an undue hardship on the work environment. This form is designed to assist you in that process and in documenting your conversations with the employee, the Disability Program Office (DPO) and the assessment of possible accommodations.

**The supervisor should have a meeting or series of meetings with the employee to discuss the request for accommodation, the work restrictions and identify reasonable accommodations, if any, to permit the employee to perform all of the essential job functions.** This should be a two-way conversation with the objective of finding an effective accommodation that would permit the employee to perform the essential functions of a job. **The supervisor should take notes on the "Interactive Process Checklist" any time they talk to the employee regarding these issues.** The checklist and any notes should be maintained in a confidential file for that employee separate from any other documentation or personnel actions not associated with the request for accommodation. Before meeting with the employee, review the employee's current job description and any available physical job analysis for the position in question. Identify the essential and non-essential functions of the job duties and purpose(s) for which the job exists.

**The supervisor should ask the following questions during the interactive conversations. (NOTE: You may need to ask additional follow-up questions based on the information provided by the employee.)**

### **Section 1- Employee and Request Information**

1. Request Number: Provided by the Disability Program Office.
2. Employee Name: Last name, first name and middle initial of the person needing the reasonable accommodation.
3. Organization: Office location of the person needing the accommodation. For example: Mark Center, HQ, Alexandria VA.
4. Job Title: Self-explanatory.
5. Grade/Rank: Self-explanatory.
6. Job Series: Self-explanatory.
7. Date of Request: DD-MMM-YYYY

### **Section 2- Supervisor Completing Checklist**

8. Name: Last name, first name and middle initial of the person completing the checklist.
9. Job Title: Self-explanatory.
10. Grade/Rank: Self-explanatory.
11. Date Checklist Initiated: Date (DD-MMM-YYYY) the checklist was initiated.
12. Date Checklist completed: Date (DD-MMM-YYYY) the checklist was completed.

### **Section 3- Interactive Conversation**

Before meeting with the employee, review the employee's current job description and any available physical job analysis for the position in question. Identify the essential and non-essential functions of the job duties and purpose(s) for which the job exists.

13. Review the job description with the employee and explain the essential functions of the employee's position. (Essential functions should be determined prior to the meeting).
14. Summarize your discussion with the employee. What can the employee do? What can the employee not do? What does the employee find challenging?

15. Summarize your discussion with the employee. Ensure you capture the anticipated duration and what can be done to ease or eliminate the restrictions or what type of activities associated with required duties or activities may have a negative impact on the restrictions.
16. Summarize your discussion with the employee: Document all perceived barriers or difficulties the employee may have in performing the essential functions of their job or assigned duties because of the restrictions or limitations?
17. Summarize your discussion with the employee: List the possible accommodations. Either the employee or the supervisor may suggest additional accommodations. The following is a list of possible accommodations (the list is not exhaustive): redesign of essential job function; modified work duties; part-time or modified work schedule; shift change; leave of absence; transfer to vacant position if qualified; create light duty; special equipment or other resource.)
18. Summarize your discussion with the employee: List the accommodation(s), assess if it is reasonable and if not, use **FACTS** and not assumptions or assertions to explain why not. For example, explain if the accommodation is not reasonable because it would eliminate the reason for the position or essential functions of the job, or because it would affect operations or the ability of other employees to perform their duties and/or the work section's ability to conduct business.
19. If yes, do not accept any medical documentation from the employee. Ask the employee to provide the documentation to the Disability Program Office. The supervisor can review any medical documentation the employee wishes to share. Do not force, require or demand the employee to disclose medical information.
20. Use this block to annotate dates of follow-up discussion with the employee. At the end of the interview advise the employee that you must consult with the Disability Program Office and provide an estimation of when you will follow-up with the employee. A good estimation is three to five duty days.

#### **Section 4- Review of the Initial Interview**

Use this section to create a possible solution or explain why the accommodation cannot be provided.

21. Identify what the agency can do to accommodate the employee. For example: telework, flexible work schedule, change office space, etc.
22. Identify what type of equipment the agency can provide. For example: ergonomic keyboard, mouse or chair.
23. This is a last resort in the event the agency is unable to provide a reasonable accommodation.
24. Identify the schedule to include days of the week and hours the employee would be expected to work.

25. If the requested accommodation is a leave of absence, consult with Disability Program Office who will coordinate with the Human Resources and the Office of General Counsel to determine how long the agency can hold the employee's position?
26. Identify mission-impacting issues such as additional personnel or funding not directly connected to the reasonable accommodation but would be impacted by granting the accommodation?
27. List the accommodation(s) and reason(s) for the denial, however, do not include the name of the employee whose accommodation was denied or their medical condition?
28. Identify if several of your other employees requested the same accommodation is this something the agency could support without creating an undue hardship. An example would be if all employees wanted to telework full time that may be a hardship. If all employees wanted adjustable work stations that may not be a hardship.
29. If the accommodation is denied, provide a **FACT** based synopsis of the hardship on the agency. Be prepared to provide additional documentation to support the denial.
30. Check the box(s) that best describes your proposed solution and provide a synopsis if necessary?

**ADDITIONAL COMMENTS:**

**DENIAL OF REASONABLE ACCOMMODATION**

*(Read Privacy Act Statement and Instructions on the back of form before completing)*

**1. REQUEST NUMBER** (Internal Use Only):

**2. DATE REASONABLE ACCOMMODATION DENIED:**

**3. NAME OF INDIVIDUAL IN NEED OF THE REASONABLE ACCOMMODATION:**

**4. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED:**

**5. REQUEST FOR REASONABLE ACCOMMODATION DENIED BECAUSE:**

ACCOMMODATION INEFFECTIVE

ACCOMMODATION WOULD CAUSE UNDUE HARDSHIP

MEDICAL DOCUMENTATION INADEQUATE

ACCOMMODATION WOULD REQUIRE REMOVAL OF AN ESSENTIAL FUNCTION

ACCOMMODATION WOULD REQUIRE LOWERING OF PERFORMANCE OR PRODUCTION STANDARD

OTHER

**IF OTHER PLEASE SPECIFY:**

**6. DETAILED REASON(S) FOR THE DENIAL OF REASONABLE ACCOMMODATION**



<b>7. WAS AN ALTERNATE REASONABLE ACCOMMODATION OFFERED? IF SO, EXPLAIN WHY.</b>	
<b>8. DID THE EMPLOYEE EXERCISE THEIR RIGHT TO RECONSIDERATION? IF SO, WHAT ADDITIONAL INFORMATION WAS PROVIDED?</b>	
<b>9. WAS THE EMPLOYEE ADVISED OF THEIR RIGHTS TO FILE AN EEO COMPLAINT OR GRIEVANCE?</b>	
<b>10. NAME OF DECIDING OFFICIAL</b>	<b>11. SIGNATURE OF DECIDING OFFICIAL</b>

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 29 U.S.C. 791, Employment of Individuals with Disabilities; 42 U.S.C. Chapter 126, Equal Opportunity for Individuals with Disabilities; 29 CFR Part 1630, Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; and Director of Administration and Management Administrative Instruction 114, Reasonable Accommodation Program for Individuals with Disabilities

**PRINCIPAL PURPOSE(S):** To establish case records and document the consideration, decision, and implementation of requests for reasonable accommodation made by DHRA employees and applicants with physical and mental impairments.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Disclosure When Requesting Information Routine Use, Disclosure of Requested Information Routine Use, Congressional Inquiries, Disclosure to the Office Personnel Management Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, Disclosure to the Merit systems Protection Board Routine Use, and Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found Online at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

**DISCLOSURE:** Voluntary; however, failure to provide this information may delay or impede your Reasonable Accommodation Request.

**INSTRUCTIONS**  
**PRINT OR TYPE ALL RESPONSES**

The Supervisor shall complete and provide a copy of the Denial of Reasonable Accommodation Request Worksheet to the Disability Program Office.

Must complete numbers 1-4; complete number 5, if applicable.

1. Provided by the Disability Program Office.
2. Date (DD-MMM-YYYY) the reasonable accommodation was denied.
3. Last name, first name and middle initial of the individual in need of the reasonable accommodation.
4. Type(s) of reasonable accommodation requested.
5. Identify why the reasonable accommodation was denied (check all that apply).
6. Provide detailed reason(s) for the denial of reasonable accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship).
7. 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 denial of the requested accommodation and why you believe the chosen accommodation would be effective.
8. If an individual wishes to request reconsideration of this decision, he/she may take the following steps:
  - a) Ask the supervisor to reconsider the denial. Additional information may be presented to support this request and if the supervisor does not reverse the denial.
  - b) The individual can ask the next person in the chain of command to approve the accommodation.
  - c) If the individual is still not satisfied, then he/she can seek counseling from the DHRA Equal Employment Opportunity (EEO) office.
9. If an individual elects to file an EEO complaint, he/she must contact the DHRA EEO office within 45 calendar days from the date of the notice of denial of reasonable accommodation or file a written grievance through the Human Resources office.
10. Last name, first name and middle initial of the individual making the final determination of the reasonable accommodation.
11. Signature of the individual making the final determination of the reasonable accommodation.

## REASONABLE ACCOMMODATION INFORMATION REPORTING

*(Read Privacy Act Statement and Instructions on back of form before completing)*

<b>1. REQUEST NUMBER</b> (Internal Use Only):		
<b>2. NAME :</b>		<b>3. ORGANIZATION:</b>
<b>4. JOB TITLE:</b>	<b>5. GRADE/RANK:</b>	<b>6. JOB SERIES:</b>
<b>8. REASONABLE ACCOMMODATION REQUEST:</b>		<b>9. DECISION DATE:</b>
APPROVED                  DENIED		
<b>11. REASONABLE ACCOMMODATION REQUEST RECEIVED BY:</b>		<b>12. DATE REQUEST WAS RECEIVED</b>
<b>13. DATE REFERRED TO DECISION MAKER</b>	<b>14. NAME AND TITLE OF DECISION MAKER</b>	
<b>15. WERE TIMELINES MET? IF NOT, WHY?</b>	YES	NO
<b>16. JOB HELD OR DESIRED BY INDIVIDUAL NEEDING THE REASONABLE ACCOMMODATION:</b>		

<b>17. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED?</b>	
<b>18. REASON FOR ACCOMMODATION?</b>	
<b>19. TYPES OF REASONABLE ACCOMMODATION PROVIDED:</b>	
<b>20. COST OF ACCOMMODATION:</b>	\$
<b>21. WAS MEDICAL INFORMATION REQUIRED TO PROCESS THIS REQUEST? If yes, explain why:</b> YES NO	
<b>22. SOURCES OF TECHNICAL ASSISTANCE:</b>	
<b>23. COMMENTS:</b>	
<b>24. SIGNATURE OF DECISION MAKER:</b>	<b>25. WORK PHONE:</b>

**INSTRUCTIONS**  
**PRINT OR TYPE ALL RESPONSES**

Attach copies of **ALL** documents obtained or developed in processing this request.

Please return the completed form to the Disability Program Office.

**DO NOT** include medical documentation to the Disability Program Office.

1. Request Number: Provided by the Disability Program Office.
2. Name of Individual Needing Reasonable Accommodation: Provide the name (Last, First, M.I.) of the employee or applicant requiring the accommodation.
3. Organization of person needing a Reasonable Accommodation: (Work site)
4. Job Title: (Self-explanatory)
5. Grade/Rank: (Self-explanatory)
6. Job Series: (Self-explanatory)
7. Date of Request: (DD-MMM-YYYY) – Enter Date of Request initiation
8. Reasonable Accommodation Request: (If denied, state reason in block 16.)
9. Decision Date: (DD-MMM-YYYY) – Enter date Decision made
10. Date accommodation was approved and provided: (Provide Date (DD-MMM-YYYY))
11. Reasonable Accommodation Request Received By: (Enter name of person taking request)
12. Date Request was Received: (DD-MMM-YYYY)
13. Date Referred to Decision Maker: (DD-MMM-YYYY)
14. Name and Title of Decision Maker: (i.e., supervisor, Employee Relations Specialist, Disability Program Manager, Personnel Management Specialist)
15. Were timelines met? If not, why? (Select Yes or No)
16. Job Held or Desired by Individual Requesting Reasonable Accommodation, Include Occupational Series, Grade Level and Office
17. Types of Reasonable Accommodation Requested: (e.g., Adaptive Equipment, Staff Assistant, removal of Architectural Barrier)
18. Reason for Accommodation? (Explain why)
19. Types of Reasonable Accommodation Provided: (If Different From What Was Requested)
20. Cost of Accommodation: (Enter in dollar amount)
21. Was Medical Information Required to Process this Request? If Yes, Explain Why

22. Sources of Technical Assistance, If Any, Consulted in Attempts to Identify Possible Reasonable Accommodations: (e.g., Job Accommodation Network, Disability Organization, Disability Program Manager)

23. Comments: (Enter additional comments as necessary)

24. Signature of Decision Maker:

25. Work Phone: (XXX-XXX-XXXX) Best number to reach you at.

**ADDITIONAL COMMENTS:**

**PRIVACY ACT STATEMENT**

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