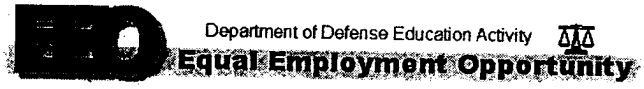
512-4F

Equal Employment Opportunity Office



July 26, 2001

Procedures to Facilitate the Provision of Reasonable Accommodation

Reasonable accommodation removes workplace barriers for individuals with disabilities. Reasonable accommodation is available to qualified employees regardless of whether they work part-time, full-time, or are considered "probationary." This process enables an applicant to have an equal opportunity to participate in the application process and to be considered for a job.

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What is Reasonable Accommodation?

The Rehabilitation Act of 1973 requires federal agencies to provide reasonable accommodation to qualified Individuals or applicants with disabilities, unless to do so would cause undue hardship. In general, an accommodation is a change in the work environment or in the way things are customarily done that would enable an individual with a disability to enjoy equal employment opportunities. There are three categories of reasonable accommodations:

- **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);**
- **modifications or adjustments necessary to enable a qualified individual with a disability to perform the essential functions of the job (such as providing sign language interpreters); and**
- **modifications or adjustments that enable employees with disabilities to enjoy equal benefits and privileges of employment (such as removing physical barriers in an office cafeteria).**

Definition of "Disability"

Impairment

An impairment is a physiological disorder affecting one or more of a number of body systems or a mental or psychological disorder.

The following conditions are not impairments:

- environmental, cultural, and economic disadvantages
- homosexuality and bisexuality
- pregnancy
- physical characteristics
- common personality traits
- normal deviations in height, weight, or strength

Major Life Activities

Examples of major life activities listed in the Title I regulations include caring for oneself, performing manual tasks, walking, hearing, speaking, breathing, learning, and working.

Other examples of major life activities include sitting, standing, lifting, and mental and emotional processes such as thinking, concentrating, and interacting with others.

Substantially Limits

An impairment is substantially limiting if it prohibits or significantly restricts an individual's ability to perform a major life activity as compared to the ability of the average person in the general population to perform the same activity.

- The determination of whether an impairment substantially limits a major life activity depends on the nature and severity of the impairment, the duration or expected duration of the impairment, and the permanent or long-term impact of the impairment.
- An impairment substantially limits an individual's ability to work if it prevents or significantly restricts the individual

from performing a class of jobs or a broad range of jobs in various classes.

- Although very short-term, temporary restrictions generally are not substantially limiting. An impairment does not have to be permanent to rise to the level of a disability. Temporary impairments that take significantly longer than normal to heal, long-term impairments, or potentially long-term impairments of indefinite duration may be disabilities if they are severe.
- Chronic or episodic disorders that are substantially limiting when active or have a high likelihood of recurrence in substantially limiting forms may be disabilities.
- An individual who has two or more impairments that are not substantially limiting by themselves but that together substantially limit one or more major life activities has a disability.

Record of A Substantially Limiting Impairment

An individual has a record of a substantially limiting impairment if she or he (1) has a history of a substantially limiting impairment or (2) has been misclassified as having a substantially limiting impairment.

Regarded as Having a Substantially Limiting Impairment

An individual is regarded as having a substantially limiting impairment if he or she

- has an impairment that does not substantially limit major life activities but is treated by a covered entity as constituting such limitation,
- has an impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment, or
- has no impairment but is treated by a covered entity as having a substantially limiting impairment.

An Employer regards an individual as having an impairment that substantially limits the major life activity of working if it treats the individual as having an impairment that disqualifies or significantly restricts the individual from working in a class of jobs or a broad range of jobs in various classes.

Illegal Use of Drugs

The statute and regulations exclude from the definition of "disability" an individual currently engaging in the illegal use of drugs when the covered entity acts on the basis of the use. This exclusion, however, does not apply to an individual who has a record of illegal use of drugs but no longer uses drugs illegally or who is erroneously regarded as engaging in such use.

An individual does not automatically satisfy the definition of "disability" simply because she or he has a record of the illegal use of drugs or is erroneously regarded as engaging in such use. The record or perception must pertain to a record or perception that the individual is or was addicted to drugs. A record or perception of occasional, casual use of drugs does not constitute a disability.

Disability is not the experience of a minority of Americans. Rather, it is an experience that will touch most Americans at some point during their lives. Today, there are more than 54 million Americans with disabilities, a full 20 percent of the U.S. population. About half of these individuals have a severe disability, affecting their ability to see, hear, walk, or perform other basic functions of life.

A Blueprint for New Beginnings
A Responsible Budget for America's Priorities
February 28, 2001

Initiating a Request for Reasonable Accommodation

A Department of Defense Education Activity (DoDEA) employee, applicant, or his/her representative (hereinafter referred to as Individual) must inform his/her supervisor or personnelist (hereinafter referred to as Employer) that s/he needs an adjustment or change at work for a reason related to a medical condition. This is only the first step in the process. The Individual must complete a reasonable accommodation request form for recordkeeping purposes. The form is provided at Appendix A.

Authority to Approve the Request for Accommodation

A requesting Individual's supervisor, or the Personnel Director in the case of an applicant, will make all final decisions concerning the approval for an accommodation.

Time Period for Granting or Denying a Request for Accommodation

Absent extenuating circumstances, a Request for Accommodation should be processed and approved within 30 days of an initial request. This time period does not include the time it would take to receive special equipment, but does include the date of ordering the equipment.

An Employer must respond expeditiously to a request as lack of action amounts to a denial.

Responsibility of the Employee or Applicant

The Individual must inform the Employer than an accommodation is needed. An Individual with a disability may request a reasonable accommodation at any time during the application process or during the period of employment. An Individual with a disability should request a reasonable accommodation when s/he knows that there is a workplace barrier that is preventing him/her, due to a disability, from effectively competing for a position, performing a job, or gaining equal access to a benefit of employment. The Individual has the responsibility of requesting accommodation before performance suffers or conduct problems occur.

In the event an individual is unable to personally request a reasonable accommodation, a family member, friend, health professional, or other representative designated by the disabled individual may request a reasonable accommodation on his or her behalf. The Individual with a disability must inform the Employer that an accommodation is needed.

Process for Requesting a Reasonable Accommodation

Although this Agency requires a request for reasonable accommodation to be in writing, the Employer cannot ignore an initial request. However, an Employer may request reasonable documentation that the Individual has an ADA disability and needs a reasonable accommodation. The Employer must engage in an informal process to clarify what the Individual specifically needs and identify the appropriate reasonable accommodation.

Resources

Where the Individual or the Employer are not familiar with possible accommodations, there are extensive public and private resources to help:

U.S. Equal Employment Opportunity Commission
1-800-669-3362 (Voice)
1-800-800-3302 (TT)

U.S. Department of Labor
(To obtain information on the Family and Medical Leave Act)
To request written materials:
1-800-959-3652 (Voice)
1-800-326-2577 (TT)
To ask questions: (202) 219-8412 (Voice)

Internal Revenue Service
(For information on tax credits and deductions for providing certain reasonable accommodations)
(202) 622-6060 (Voice)

Job Accommodation Network (JAN)
1-800-232-9675 (Voice/TT)
http://janweb.icdi.wvu.edu

ADA Disability and Business Technical Assistance Centers (DBTACs)
1-800-949-4232 (Voice/TT)

Registry of Interpreters for the Deaf
(301) 608-0050 (Voice/TT)

RESNA Technical Assistance Project
(703) 524-6686 (Voice)
(703) 524-6639 (TT)
http://www.resna.org/hometa1.htm

Documentation

- An Employer may ask an Individual for documentation when the Individual requests reasonable accommodation when the disability and/or the need for accommodation are not obvious. The Employer is entitled to know that the Individual has a covered disability for which s/he needs a reasonable accommodation.
- If an Individual has more than one disability, an Employer can request information pertaining only to the disability that requires a reasonable accommodation.
- The ADA does not prevent an Employer from requiring an Individual to go to an appropriate health professional of the Employer's choice (at the Employer's expense) if the Individual provides insufficient information from his/her treating physician to substantiate that s/he has an ADA disability and needs a reasonable accommodation. The Employer must explain why the documentation is insufficient and allow the Individual an opportunity to provide the missing information in a timely manner.
- Documentation is insufficient if it does not specify the existence of an ADA disability and explain the need for reasonable accommodation.
- An Employer **cannot ask for documentation** when: (1) both the disability and the need for reasonable accommodation are obvious, or (2) the Individual has already provided the Employer with sufficient information to substantiate that s/he has an ADA disability and needs the reasonable accommodation requested.

The Reasonable Accommodation

- An Employer may choose among reasonable accommodations as long as the chosen accommodation is effective.
- The Employer may offer alternative suggestions for reasonable accommodations and discuss their effectiveness in removing the workplace barrier that is impeding the individual with a disability.
- When there are two or more effective accommodations, the Employer may choose the one that is easier to provide or less expensive.
- The preference of the individual with a disability should be given primary consideration; however, the Employer providing the accommodation has the ultimate discretion to choose.
- An Employer may not require a qualified Individual with a disability to accept an accommodation; however, if an Individual needs a reasonable accommodation to perform an essential function or to eliminate a direct threat, and refuses to accept an effective accommodation, s/he may not be qualified to remain in the job.
- During the hiring process and before a conditional offer, an Employer generally may not ask an applicant whether s/he needs a reasonable accommodation for the job, except when the applicant has self-identified that a disability exists.
- After a conditional offer of employment is extended, an Employer may inquire whether applicants will need reasonable accommodations related to anything connected with the job as long as all entering employees in the same job category are asked this question.

Equal Benefits and Privileges of Employment

- Employers must ensure that Individuals with disabilities have access to information, training, services (e.g., employee assistance programs (EAP's), credit unions, cafeterias, lounges, gymnasiums, auditoriums, transportation), and parties or other social functions (e.g., to celebrate retirements and birthdays, and company outings) that is provided to other similarly-situated employees without disabilities, regardless of whether they need it to perform their jobs.
- Examples of reasonable accommodations in this area may include sign language interpreters; written materials produced in alternative format such as Braille, large print, or on audiocassette. This is required whether the training occurs on the Employer's premises or elsewhere.

"When governments, business and individuals work together, to build a welcoming society, Americans of every ability will benefit."

President George W. Bush
June 19, 2001

Types of Reasonable Accommodations Related to Job Performance

Job Restructuring

- Reallocating or redistributing marginal job functions that an Individual is unable to perform because of a disability; and altering when and/or how a function, essential or marginal, is performed.

Leave

- Permitting the use of accrued paid leave, or unpaid leave, is a form of reasonable accommodation when necessitated by an Individual's disability. **An Employer does not have to provide paid leave beyond that which is provided to similarly situated employees.** Allow an Individual with a disability to exhaust accrued paid leave first and then provide unpaid leave.
- An Individual with a disability who is granted leave as a reasonable accommodation is entitled to return to her/her same position unless the Employer demonstrates that holding open the position would impose an undue hardship.
- If an Employer cannot hold a position open during the entire leave period without incurring undue hardship, the Employer must consider whether it has a vacant, equivalent position for which the Individual can be reassigned to continue his/her leave for a specific periods of time and then, at the conclusion of the leave, can be returned to this new position.
- Continued leave is not required as a reasonable accommodation if a vacant position at a lower level is also unavailable.
- An Employer cannot penalize an Individual for work missed during leave taken as a reasonable accommodation.
- In lieu of leave, an Employer may provide a reasonable accommodation that requires an Individual to remain on the job (e.g., reallocation of marginal functions or temporary transfer) as long as it does not interfere with the Individual's ability to address his/her medical needs. The Employer is obligated to restore the Individual's full duties or to return the Individual to his/her original position once s/he no longer needs the reasonable accommodation.
- If it is an undue hardship under the ADA to hold open an Individual's position during a period of leave, or an Individual is no longer qualified to return to his/her original position, then the Employer must reassign the Individual (absent undue hardship) to a vacant position for which s/he is qualified.

Modified or Part-Time Schedule

- A modified schedule may involve adjusting arrival or departure times, providing periodic breaks, altering when certain functions are performed, allowing an Individual to use accrued paid leave, or providing additional unpaid leave. An Employer must provide a modified or part-time schedule when required as a reasonable accommodation, absent undue hardship, even if it does not provide such schedules for other employees.
- If there is undue hardship, the Employer must reassign, ***as a last resort***, the Individual if there is a vacant position for which s/he is qualified and which would allow the Employer to grant the modified or part-time schedule (absent undue hardship).

Modified Workplace Policies

- Reasonable accommodation only requires that the Employer modify the policy for an Individual who requires such action because of a disability; therefore, the Employer may continue to apply the policy to all other employees.
- It is a reasonable accommodation to modify a workplace policy when necessitated by an individual's disability-related limitations, absent undue hardship.

Reassignment

- The ADA specifically lists "reassignment to a vacant position" as a form of reasonable accommodation.
- This type of accommodation must be provided to an Individual who, because of a disability, can no longer perform the essential functions of her/her current position, with or without reasonable accommodation, unless the Employer can show that it would be an undue hardship.
- The Individual **must be "qualified"** for the new position.
- The Individual **does not need to be the best qualified** for the position in order to obtain it as a reassignment.
- The Employer does not have to provide training so that the Individual acquires necessary skills to take a job.
- Employers should first consider those accommodations that would enable an Individual to remain in his/her current position. **Reassignment is the reasonable accommodation of last resort.**
- "Vacant" means that the position is available when the Individual asks for reasonable accommodation, or that the Employer knows that it will become available within a reasonable time. A position is considered vacant even if an Employer has posted a notice or announcement seeking applications for that position.
- The Employer does not have to bump an employee from a job in order to create a vacancy; **nor does it have to create a new position.**
- If there is not vacant equivalent position, the Employer must reassign the Individual to a vacant lower level position for which the Individual is qualified. The Employer must place the Individual in the position that comes closest to the Individual's current position in terms of pay, status, etc.
- Reassignment does not include giving an Individual a promotion. Thus, an Individual must compete for any vacant position that would constitute a promotion.
- Employers cannot deny a reassignment to an Individual solely because s/he is designated as "probationary."
- An Employer who does not normally transfer employees would still have to reassign an Individual with a disability, unless it could show that the reassignment caused an undue hardship.
- The extent to which an Employer must search for a vacant position will be an issue of undue hardship. If an Individual is being reassigned to a different geographical area, the Individual must pay for any relocation expenses unless the Employer routinely pays such expenses when granting voluntary transfers to other employees.
- Notify an Individual with a disability about vacant positions. The Employer is obligated to inform an Individual about vacant positions for which s/he may be eligible as a reassignment. However, an Individual should assist the Employer in identifying appropriate vacancies to the extent that the Individual has access to information about them.
- When an Employer has completed its search, identified whether there are any vacancies (including any positions that will become vacant in a reasonable amount of time), notified the Individual of the results, and either offered an

appropriate vacancy to the Individual or informed him/her that no appropriate vacancies are available, the Employer will have fulfilled its obligation.

- Reassignment means that the Individual with a disability gets the vacant position if s/he is qualified for it.
- An Employer is not obligated to maintain his/her salary from the higher level position if the Individual is reassigned to a lower level position, unless the Employer transfers Individuals without disabilities to lower level positions and maintains their original salaries.

Other Reasonable Accommodation Issues

- Multiple Accommodations - The duty to provide reasonable accommodation is an ongoing one. If an individual requests multiple reasonable accommodations, s/he is entitled only to those accommodations that are necessitated by a disability and that will provide an equal employment opportunity.
- Changing a Person's Supervisor – An Employer does not have to provide an Individual with a new supervisor as a reasonable accommodation, although it is not prohibited. However, an Individual with a disability is protected from disability-based discrimination by a supervisor, including disability-based harassment.
- Work at Home – An Employer can provide work at home as a reasonable accommodation, but only if this accommodation would be effective and would not cause an undue hardship.
- Conduct Issues - An Employer NEVER has to excuse a violation of a uniformly applied conduct rule that is job-related and consistent with business necessity. An Employer NEVER has to tolerate or excuse violence, threats of violence, stealing, or destruction of property. An Employer may discipline an Individual with a disability for engaging in such misconduct if it would impose the same discipline on an Individual without a disability.
- An Employer must make reasonable accommodations to enable an otherwise qualified Individual with a disability to meet such a conduct standard in the future, barring undue hardship, except where the punishment for the violation is termination. Since reasonable accommodation is always prospective, an Employer is not required to excuse past misconduct, even if it is the result of the individual's disability.
- Discipline - The Employer may discipline the Individual because s/he violated a conduct standard addressing tardiness that is job-related for the position in question and consistent with business necessity. The Employer, however, must consider reasonable accommodation, barring undue hardship, to enable this Individual to meet this standard in the future.
- Medication monitoring is not a reasonable accommodation.
- The ADA requires an Employer to provide reasonable accommodation to remove workplace barriers; regardless of what effect medication, other medical treatment, or assistive devices may have on an Individual's ability to perform the job.
- If an Individual with a disability cannot perform the essential functions of the position or poses a direct threat in the absence of medication, treatment, or an assistive device, then s/he is unqualified.
- The side effects of medication that an Individual must take because of the disability are limitations resulting from the disability. Reasonable accommodation extends to all limitations resulting from a disability.
- An Employer should initiate the reasonable accommodation interactive process without being asked, if the Employer:

(1) knows that the Individual has self-identified that a disability exists;
(2) knows, or has reason to know, that the Individual is experiencing workplace problems because of the disability; and
(3) knows, or has reason to know, that the disability prevents the Individual from requesting a reasonable accommodation.

- If the Individual with a disability states that s/he does not need a reasonable accommodation, then the Employer will have fulfilled its obligation.
- An Employer may ask whether a reasonable accommodation is needed when an Individual with a disability has not asked for one (e.g., for when going TDY).
- An Employer may NOT tell other employees that an Individual is receiving a reasonable accommodation when employees ask questions about a coworker with a disability. The ADA specifically prohibits the disclosure of medical information except in certain limited situations, which do not include disclosure to coworkers.
- When asked by other coworkers, an Employer should emphasize DoDEA's policy of assisting any Individual who encounters difficulties in the workplace. In addition, it is DoDEA's policy that workplace issues encountered by Individuals are personal and the Individual's privacy is respected.
- As long as there is no coercion by an Employer, an Individual with a disability may voluntarily choose to disclose to coworkers his/her disability.

Undue Hardship Issues

An Employer does not have to provide a reasonable accommodation that would cause an "undue hardship" to the Employer.

Undue Hardship must be based on an individualized assessment of current circumstances that show that a specific reasonable accommodation would cause significant difficulty or expense.

Factors for Determining Undue Hardship:

- The nature and cost of the accommodation needed.
- The overall financial resources of the facility making the reasonable accommodation, the number of persons employed at the facility, the effect on expenses and resources of the facility.
- The overall financial resources, size, number of employees, and type and location of facilities of the Employer (if the facility involved in the reasonable accommodation is part of a larger entity).
- The type of operation of the Employer, including the structure and functions of the workforce, the geographic separateness, and the administrative or fiscal relationship of the facility involved in making the accommodation to the Employer.
- The impact of the accommodation on the operation of the facility.

Undue hardship is based on the **net cost** to the Employer. Determine whether funding is available from an outside source, such as a state rehabilitation agency, to pay for all or part of the accommodation.

An Employer cannot claim undue hardship based on employees' (or customers') fears or prejudices toward the Individual's disability. Nor can undue hardship be based on the fact that provision of a reasonable accommodation might have a negative impact on the morale of other employees.

- An Employer is not required to modify the work hours of an Individual with a disability if doing so would prevent other employees from performing their jobs.

- If an Employer is able to show that the lack of a fixed return date causes an undue hardship, then it can deny the leave. *[Undue hardship will derive from the disruption to the operations of the entity that occurs because the Employer can neither plan for the Individual's return nor permanently fill the position. An Employer cannot claim undue hardship solely because an Individual can provide only an approximate date of return.]* The Employer has the right to require, as part of the interactive process, that the Individual provide periodic updates on his/her condition and possible date of return.
- A cost-benefit analysis does not determine whether a reasonable accommodation will cause undue hardship. The hardship is based on the Employer's resources, not on the Individual's salary, position, or status (e.g., full-time versus part-time, salary versus hourly wage, permanent versus temporary).
- An Employer cannot claim that a reasonable accommodation imposes an undue hardship simply because it violates a collective bargaining agreement (CBA). *[First, the Employer should consider if the reasonable accommodation would violate the CBA. If it does, the ADA requires an Employer and a union, as a collective bargaining representative, to negotiate in good faith a variance to the CBA so that the Employer may provide a reasonable accommodation.]*
- An Employer cannot claim undue hardship solely because it would be required to make changes to property owned by someone else. *[The Employer must make good faith efforts either to obtain the owner's permission or to negotiate an exception to the terms of the contract. If the owner refuses, the Employer must still provide another reasonable accommodation, if one exists, that would not cause undue hardship.]*

"The highest result of education is tolerance."

--Helen Keller

PROCEDURES FOR REQUESTING REASONABLE ACCOMMODATION

FOLLOW THESE STEPS WHEN AN EMPLOYEE RAISES MEDICAL OR ENVIRONMENTAL FACTORS AS A CONCERN IN JOB PERFORMANCE OR CONDUCT

STEP 1 – The employee/applicant completes Part I, Employee's Statement of Disability. The requesting employee's supervisor, or in the case of an applicant, the Personnel Director will review the form to determine if further action is necessary. Instruct the employee/applicant to use an additional piece of paper or the back of the form, if necessary, to completely answer the questions.

STEP 2 – The supervisor/Personnel Director completes Part II, Supervisor's Statement, to identify those performance, conduct or attendance problems the employee/applicant is experiencing.

STEP 3 – The employee/applicant provides acceptable medical evidence to support his/her claim to the employee's supervisor or Personnel Director, as appropriate. The supervisor/Personnel Director will provide Part III, Physicians Statement to the employee/applicant with a copy of the appropriate position/job description, performance elements and standards, and the physical and environmental factors identified for the position. Provide copies of Parts I and II to the physician, if appropriate.

STEP 4 – Provided the medical evidence is sufficient, the appropriate supervisor/Personnel Director will complete Part IV, Agency Certification of Accommodation Efforts. If any accommodation is made, a copy of Part IV should be mailed to the DoDEA Equal Employment Opportunity Office, ATTN: Disabilities Program Manager, 4040 North Fairfax Drive, Arlington, VA 22203-1634, or sent by facsimile to (703) 696-9059.

PART I EMPLOYEE'S STATEMENT OF DISABILITY

[In Connection with Requests for Reasonable Accommodation for Health Reasons.]

1. Name of Applicant (last/first/middle): _____
2. Date of Birth (month/day/year): _____
3. Social Security Number: _____
4. Position Title: _____
5. Grade/Series/Step: _____
6. Office/Department: _____
7. Work Phone Number: _____
8. DoDEA School District: _____
9. Immediate Supervisor's Name: _____
10. Immediate Supervisor's Phone Number: _____
11. Describe what your position requires you to do:

12. Describe the difficulties you are having in your position with respect to performance, attendance, or conduct.

13. Describe your medical condition(s) (i.e., disease or injury) and how (it/they) interfere(s) with the performance of your duties or your attendance or conduct:

14. Describe any other restrictions of your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform in other positions in your activity for which you may otherwise be qualified.

15. Give the approximate date (month/year) your medical condition began to affect your performance or conduct.

16. Have you been hospitalized for your medical condition (i.e., disease or injury) as described in item 11? Check one: _____ No _____ Yes

17. Describe specifically what accommodation(s) you think could be made so that you would be able to perform the essential duties of your position.

18. Have you previously applied for a limited duty assignment or special placement for health reasons? _____ No _____Yes (If Yes, give reason and dates.)

19. Have you had a limited duty assignment or a special placement for health reasons?
_____ No _____Yes (If yes, give reasons and dates.)

20. I request [Check one.]:

a. [ ] Limited duty not to exceed ( ) 30 ( ) 60 ( ) 120 days.

b. [ ] Special accommodation for health reasons. My disability is expected to last beyond 120 days.

c. [ ] Special accommodation for health reasons. My disability is expected to be permanent.

CERTIFICATION AND CONSENT BY EMPLOYEE

I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and medical condition(s) (i.e., disease and injury) to authorized agency officials.

_____ _____

SIGNATURE (Do not print) Date Office Telephone Number

PART II – SUPERVISOR'S STATEMENT

In Connection with Employee's Request for Reasonable Accommodation for Health Reasons

SECTION A – Information about Employee's Performance/Conduct (if applicable).

Are there any performance and conduct issues that would be relevant to the issue of accommodation for this employee?

SECTION B – Accommodations.

What efforts have you made to accommodate employee (including temporary accommodations, e.g., light duty)?

SECTION C – Supervisor's Certification.

1. How long have you supervised employee? _____ Years _____ Months

2. Telephone Number: _____

I certify that all the statements made on this Supervisor's Statement are true to the best of my knowledge and belief.

_____
SIGNATURE

_____ _____
(Typed Name) Date

PART III – PHYSICIAN'S STATEMENT

In Connection with Employee's Request for Reasonable Accommodation for Health Reasons

SECTION A – Identifying Information and Consent (to be completed by employee).

1. Applicant's Name (Last, First, Middle): _____

2. Date of Birth (Month Day, Year): _____

3. Social Security Number: _____

4. Enter exact Name and Address (including Zip Code) of your employing agency. (Address to which physician sends statement).

APPLICANT'S CONSENT TO RELEASE MEDICAL INFORMATION

I authorize the release to my employing activity of any and all information or records connected with my disease or injury.

_____ _____

SIGNATURE DATE

SECTION B – Medical Documentation (To be completed by Physician)

PATIENT'S NAME: _____

ADDRESS: _____

INSTRUCTIONS

The individual identified above is requesting medical documentation that will be evaluated, along with other information, in connection with his or her request for reasonable accommodation. The reasonable accommodation, if found to be medically warranted, could include one of several options (if possible), including restructuring of the current position or reassignment to a position which the employee is medically able to perform. A copy of the employee's position description and the critical elements and performance standards for the position are attached for your information. If the physical and environmental requirements identified for the position are also attached, these must specifically be addressed in your report.

The applicant is responsible for any cost incurred in connection with providing this documentation unless the Agency has specifically authorized payment.

A new medical examination is not necessary if you can provide current (not more than 3 months) information from your records.

Please provide the medical documentation requested under 'MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationary. It is important that you respond to every item marked. Enter the item number of the information requested and provide your response. If an item in not applicable to the applicant's medical condition, enter "Not Applicable."

Enclose your report and any attachments in a sealed envelope marked "DISABILITY – PRIVILEGED – PRIVATE." Send it to the address shown in Section A, Item 4. You may, if you wish, give it directly to the applicant for delivery to the employing office.

Please complete this statement within 2 weeks. Be sure to sign the report and include your telephone number.

MEDICAL DOCUMENTATION REQUIREMENTS

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. The history of the specific medical condition(s), including references to findings from previous examinations, treatments, and responses to treatment.

2. Clinical findings from the most recent medical evaluation including any of the following which have been obtained: findings of physical examination, results of laboratory tests, X-rays, EKGs and other special evaluations or diagnostic procedures and, in the case of psychiatric diseases, the findings of mental status examinations and the results of psychological tests.

3. Assessment of the current clinical status and plans for future treatment.

4. Diagnosis.

5. An estimate of the expected date of full or partial recovery.

6. An explanation of the impact of the medical condition on life activities, both on and off the job.

7. Assessment of the degree to which the medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion.

8. The likelihood that the individual will suffer sudden or subtle incapacitation associated with the medical condition. Explain the medical basis for your conclusions.

9. The probability that the individual will suffer injury or harm if he or she is not restricted or accommodated. Explain the medical basis for your conclusion.

10. The medical basis for your decision to recommend or not to recommend restrictions that prohibit the individual from attending work altogether or performing specific duties of the position. If you have recommended any work-related restrictions or accommodations, explain the therapeutic or risk-avoiding value of the restrictions and whether you have recommended any similar restrictions on non-work-related activities.

PART IV – REASONABLE ACCOMMODATION REPORTING FORM
In Connection with Employee's Request for Reasonable Accommodation for Health Reasons

SECTION A – GRANTING A REASONABLE ACCOMMODATION REQUEST

Name of Individual requesting reasonable accommodation: _____

Office of Requesting Individual: _____

1. Reasonable accommodation: (check one)

_____ **Approved**

_____ **Denied** (*If denied, attach SECTION B – DENIAL OF REASONABLE ACCOMMODATION REQUEST, page Appendix A-11*).

2. Date reasonable accommodation requested: _____

Request received by _____

3. Date reasonable accommodation request referred to decision-maker (*i.e., supervisor, Personnel Director*) _____

Name of decision-maker: _____

4. Date reasonable accommodation approved or denied: _____

5. Date reasonable accommodation provided: _____

6. If time frames outlined in the Procedures to Facilitate the Reasonable Accommodation were not met, please explain why (*use additional sheets, if necessary*).

_____

_____

_____

_____

7. Job held or desired by individual requesting reasonable accommodation (*including occupational series, grade level, and office*):

_____

8. Reasonable accommodation needed for: (*check one*)

_____ **Application process**

_____ **Performing Job Functions or Accessing the Work Environment**

_____ **Accessing a Benefit or Privilege of Employment** (*e.g., attending a training program or social event*)

9. Type(s) of reasonable accommodation requested (*e.g., adaptive equipment, staff assistant, and removal of architectural barrier*):

_____

_____

_____

10. Type(s) of reasonable accommodation provided (if different from what was requested):

_____

_____

_____

11. Was medical information required to process this request? If yes, explain why (*use additional sheets, if necessary.*

_____

_____

_____

12. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodation (e.g., Job Accommodation Network, disability organization, CAP):

_____

_____

13. Comments: _____

_____

_____

Submitted by: _____

Phone: _____

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

SECTION B – DENIAL OF A REASONABLE ACCOMMODATION REQUEST

Complete Numbers 1-4, Complete Number 5, if applicable.

1. Name of Individual requesting reasonable accommodation:

_____

2. Type(s) of reasonable accommodation requested:

_____

_____

3. Request for reasonable accommodation denied because (*may check more than one box*):

_____ **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 (Please identify)**

_____

_____

_____

4. Detailed Reason(s) for the denial of reasonable accommodation (*Must be specific, e.g., why accommodation is ineffective or causes undue hardship*):

_____

_____

_____

_____

_____

5. 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.

_____

_____

_____

_____

6. If an individual wishes to request reconsideration of this decision, s/he may take the following steps:

- **Ask the decision-maker to reconsider his/her denial in writing. Additional information may be presented to support this request.**
- **If the decision-maker does not reverse the denial, and the decision-maker was the individual's supervisor, the individual may pursue the reconsideration through their chain of command.**

_____ _____

Typed Name of Deciding Official **Signature of Deciding Official**

Date reasonable accommodation denied: _____

References

Executive Order 13164 of July 26, 2000, Requiring Federal Agencies to Establish Procedures To Facilitate the Provision of Reasonable Accommodation

Executive Order 13163 of July 26, 2000, Increasing the Opportunity for Individual With Disabilities To Be Employed in the Federal Government

EEOC Directive 915.003, October 20, 2000, EEOC Policy Guidance on Executive Order 13164: Establishing Procedures to Facilitate the provision of Reasonable Accommodation

EEOC Guidance. Reasonable Accommodation and Undue Hardship Under the Americans with Disabilities Act

The Rehabilitation Act of 1973, Sections 501 and 505

The United States Equal Employment Opportunity Commission Technical Assistance Program, Disability Discrimination, January 2001