

REQUEST FOR REASONABLE ACCOMMODATION

Please submit this form as soon as possible to the servicing Reasonable Accommodations Coordinator (RAC).

This form is used for record-keeping and reporting purposes. In addition, the information provided will be used to determine whether reasonable accommodation is needed and, if so, what accommodation will be effective and appropriate. This confidential form will be maintained **separately** from the requestor’s personnel file.

PART A: EMPLOYEE REQUEST AND CERTIFICATION

Instructions: This section should be completed by an employee or applicant who believes he or she has a disability and who wishes to request reasonable accommodation (the requestor). Please attach a separate sheet if more space is needed. The Reasonable Accommodations Coordinator (RAC) should complete this section of the form for the requestor if the requestor requires assistance or otherwise does not complete the form. Requests for accommodation will be addressed promptly even if the requestor does not complete this form.

1. Requestor’s name: _____

2.a. Requestor’s telephone number: _____

2.b. Requestor’s email address: _____

3. If the requestor is a current employee of the Department:

3.a. Requestor’s title, _____
series, and grade: _____

3.b. Requestor’s bureau (or O/S): _____
Requestor’s division: _____

3.c. Name of requestor’s immediate supervisor: _____
Job title of that supervisor: _____

3.d. Telephone number of requestor’s immediate supervisor: _____
E-mail address of that supervisor: _____

4.a. Name of the person the Requestor contacted initially about this request for reasonable accommodation:

4.b. Role of that person (*check all that apply*):
Immediate supervisor; HR Specialist;
Another supervisor in the requestor’s chain of command; EEO Specialist;
Reasonable Accommodation Coordinator (RAC); Other: _____

5. Date of initial reasonable accommodation request: _____

6. Functional limitations and/or workplace barriers for which accommodation is needed. (Note: The response to this item need not identify the requestor's medical impairment or condition.)

7. Specific accommodation(s) the requestor is seeking. (Note: An employee must be able to perform the essential functions of the employee's position, either with or without accommodation.)

8. Check any of the below categories that apply to the request. (Note: These categories provide examples of frequently-requested accommodations. This is not an exhaustive list.)

- Reconfigured work space;
- Removal of an architectural barrier;
- Acquisition or modification of equipment, furniture, or devices;
 - Assistive Devices (Non-CAP);
 - CAP request (Computer or Electronic Office Equipment);
 - CAP request (Computer Software);
- Materials in alternative formats;
- Adjustment or modification of examinations, training materials, or policies;
- Readers, interpreters (such as Sign Language interpreters), or captioning;
- Job restructuring;
- Part-time or modified work schedules (such as an Alternate Work Schedule);
- Telework;
- Parking;
- Scooter;
- Reassignment to a vacant, funded position; and/or
- Other: _____

9. Reasonable accommodation is needed to (check all that apply):

- Participate in the application process;
- Perform the essential functions of the requestor's job;
- Gain access to the workplace; and/or
- Enjoy equal benefits and privileges of employment as are enjoyed by similarly-situated employees without disabilities (e.g., training, employee assistance programs, credit unions, cafeterias, lounges, gymnasiums, auditoriums, parties or other social functions.

Length of time the required accommodation(s) will be needed: _____

11. Explain any time-sensitive issues related to the request. _____

Note: If a disability and/or need for reasonable accommodation is not obvious and not already on file with the Department, the Department has a right to request medical documentation to substantiate the disability and the requested accommodation. The RAC will use any medical documentation submitted to make determinations regarding whether the requestor has a covered disability, whether the requestor needs an accommodation because of that disability, and what accommodation(s) would be effective and appropriate. The RAC may work with a medical consultant, such as medical professionals from Federal Occupational Health (FOH) and the Department's health units, if necessary, in making these determinations. **The RAC will not share any medical documentation the requestor submits with any individual who does not have an official need to know.** Ordinarily, the deciding official will not need to know what the requestor's underlying medical impairment is. Rather, the deciding official will make his or her decision based on the RAC's recommendations regarding what the functional limitations and workplace barriers are, whether accommodation is appropriate, and what accommodation(s) would be effective.

CERTIFICATION AND CONSENT BY EMPLOYEE OR APPLICANT

This certification and consent is requested to ensure that Department officials have accurate information upon which to assess the Requestor's reasonable accommodation request.

I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give permission for the release of information about my request and my medical condition(s) to agency officials with an official need to know and, if necessary, medical consultants, such as medical professionals from Federal Occupational Health (FOH) or the Department's health units.

Requestor's Signature

Date

Requestor's daytime phone number

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 are asking that you not provide any genetic information when responding to this form. "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 reproductive services.