

REASONABLE ACCOMMODATION REQUEST FORM

Hill Air Force Base has instituted a procedure for handling requests for accommodation from applicants and current employees with disabilities. Federal personnel regulations and The Plan for Employment of People with Disabilities in the Department of the Air Force require all activities to provide reasonable accommodation to all employees and potential employees who have disabilities. The following procedures should be followed for handling accommodation requests:

1. The employee obtains a Request for Accommodation Form and completes Section I, describing: the disability; the accommodation(s) being requested; and how the accommodation(s) will assist the individual in performing the essential functions of the job. Medical documentation may be necessary to process the request. Medical documentation should be sent directly to Occupational Medicine Services. The request form must be submitted to the Reasonable Accommodation Manager for review/coordination prior to submitting to the management/deciding official.
2. Upon receipt of the request from the applicant or employee, the Reasonable Accommodation Manager will review all documents for completeness and the appropriate action necessary. The Reasonable Accommodation Manager will forward the request to the appropriate management/deciding official for a decision.
3. The management/deciding official reviews the request and determines if there will be any significant adverse impact in the following areas:
 - a. Operations – If providing the requested accommodation(s) would be unduly disruptive to the organization's ability to conduct business, then the management/deciding official may indicate that the accommodation(s) could impose an undue hardship. For example, flexible scheduling may not be possible without adversely affecting the operation of other employees, processes, or organizations. Also, the employee must be able to perform all of the essential functions of the position, with or without accommodation(s).
 - b. Staffing – If the accommodation(s) requested will create a heavier workload for other employees, the supervisor may indicate on the form that this may pose an undue hardship.
 - c. Budget – When determining whether the cost of the accommodation(s) may be an undue hardship, the focus should be on the financial resources available to the organization. If the management/deciding official believes that the cost of providing the accommodation would be an undue hardship,

he/she can indicate this on the request form. However, the cost of the accommodation is rarely an undue hardship.

- d. Alternative Accommodation – If the requested accommodation(s) could not be granted because of significant adverse impact on the organization, the supervisor will indicate the reason(s) the requested accommodation(s) could not be granted but an alternative accommodation(s) that could be explored.

In order to provide timely processing of the request, the supervisor will complete the review within 20 calendar days of receipt and return it to the Reasonable Accommodation Manager.

****If additional time is required to provide a decision because of extenuating circumstances, management/deciding official must submit a justification requesting additional time in writing. The reasons for the delay and an approximate date when a decision is expected must be provided in the justification. Temporary measures to assist the requester should be considered as an interim step until a decision on the requested accommodation can be made.**

4. If the management/deciding official believes the accommodation(s) request is reasonable based on the established criteria, he/she will provide the approval, in writing, to the Reasonable Accommodation Manager. The decision must include specific, detailed information regarding the implementation/acquisition of the requested accommodation and when the approved accommodation(s) requested will be provided.

5. If the requested accommodation(s) cannot be granted as specifically requested, the management/deciding official must explore if an alternative accommodation could be provided. The management/deciding official must explain the reason(s) why the requested accommodation(s) cannot be granted and how the alternative accommodation(s) suggested would be effective. The supervisor and employee should engage in an interactive dialogue to determine if an alternate accommodation could be provided.

6. If an alternative accommodations does not exist, the management/deciding official may deny the request for accommodation(s). If the requested accommodation(s) is denied, a detailed justification must be submitted to include specific information on why the requested accommodation(s) cannot be granted and the reason(s) why an alternative accommodation(s) could not be considered. The justification and supporting documentation must be sent to the Reasonable Accommodation Manager to be coordinated with the appropriate office(s). The Reasonable Accommodation Manager will notify management/deciding official if further information/consideration is necessary.

7. The Reasonable Accommodation Manager will consult with the management/deciding official regarding the decision of the requested accommodation(s). The Reasonable Accommodation Manager may make recommendations regarding the effectiveness of the requested accommodation(s) and the employee's ability to perform job duties and whether or not an undue hardship would be created for the organization.

8. In the event that the Request for Reasonable Accommodation has been denied, the requestor may use the Alternative Dispute Resolution (ADR) or file a grievance through the negotiated or administrative grievance procedure. If the individual believes it was an act of discrimination based on color, race, national origin, sex, religion, age or disability, they has the right to contact the Equal Opportunity Office within 45 calendar days from the date of denial to receive their Equal Employment Opportunity (EEO) rights IAW 29 CFR 1614. For further guidance, contact the 75 ABW/EO, 777-4856. The individual may elect one, but not both of these remedies.

9. Unlawful discrimination against civilian employees includes failing or refusing to hire or promote, removing, or otherwise discriminating against any individual with respect to compensation, terms, conditions, or privileges of employment because of a person's race, color, sex, religion, national origin, age, genetic information, disability, or prior equal opportunity activity. Unlawful harassment includes creating an intimidating, hostile working environment for another person who is in a protected class. Examples disability based harassment may include segregation, exclusion, and restricting a qualifying individual's right to request a reasonable accommodation.

REASONABLE ACCOMMODATION REQUEST FORM

Employee/Applicant Section

<input type="text"/> Employee's Name	<input type="text"/> Case File Number (To be used by the Reasonable Accommodations Manager)
<input type="text"/> Social Security Number	
<input type="text"/> Job Title	
<input type="text"/> PP-Series-Grade (ex: NH-0201-03)	
<input type="text"/> Organization/Shop	
<input type="text"/> Phone number	<input type="text"/> DoD ID Number

1. TYPE OF ACCOMMODATION REQUESTED, IF KNOWN. (Be as specific as possible, e.g., assistive technology, reader, interpreter, schedule change)

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2. REASON FOR REQUEST (Please do not include specific medical information, medical documentation should be provided directly to Occupational Medicine Services, please send directly to Lindsay Strickland at lindsay.j.strickland.civ@health.mil or through DoD SAFE at <https://safe.apps.mil/> and request the documentation be reviewed for a reasonable accommodations request.)

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Employee/Applicant

Date

Privacy Act Statement

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.

REASONABLE ACCOMMODATION REQUEST FORM

Supervisor Section

<input type="text"/> Supervisor's Name	<input type="text"/> Case File Number (To be used by the Reasonable Accommodations Manager)
<input type="text"/> Title, PP-Series-Grade	
<input type="text"/> Organization	
<input type="text"/> Phone Number	

1. Accommodation(s) requested:

2. Accommodation(s):

- approved as specifically requested
- approved but different from original request*
- denied

***If the approved accommodation is different from that originally requested, identify the alternative accommodation(s) offered:**

3. If the deciding official offered an accommodation that is different from the one originally requested, explain: (a) the reasons for the denial of the accommodation originally requested; and (b) why the alternative accommodation would be as effective:

4. If an alternative accommodation was offered, indicate whether it was:

<input type="checkbox"/>	accepted
<input type="checkbox"/>	rejected

5. Request denied because: (may check more than one box)

- Requestor does not have a Rehabilitation Act disability
- Accommodation ineffective
- Accommodation would cause undue hardship
- Medical documentation inadequate
- Accommodation would require removal of essential function
- Accommodation would require lowering performance or production standard
- Other (Please identify) _____

6. Any Significant Adverse Impact or Undue Hardship of Requested Accommodation on:

- a. Operations -**
- b. Staffing -**
- c. Budget -**

7. Detailed reason(s) for denial (must be specific, e.g., *why* accommodation would be ineffective or cause undue hardship):

Name of Deciding Official

Signature of Deciding Official

Date accommodation denied/approved _____

EMPLOYEE ACKNOWLEDGEMENT

I have received notice of the decision related to my request for accommodation. I understand that depending on the decision to either approve my request as specifically requested, consider an alternative accommodation, or my request for accommodation is denied, additional time may be needed for a final decision.

Employee/Applicant

Date

I accept the accommodation(s) identified on this document and understand that this will be the accommodations provided to me by Hill Air Force Base. I agree that they are reasonable accommodations of my disability.

Employee/Applicant

Date

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Reasonable Accommodation Resources

Americans with Disability Act

<https://www.ada.gov>

Office of Personnel Management (OPM)

Disability Employment - Reasonable Accommodation

<https://www.opm.gov/policy-data-oversight/disability-employment/reasonable-accommodations>

U.S. Equal Employment Opportunity Commission

1-800-669-4000 (Voice)

1-800-669-6820 (TT)

<http://www.eeoc.gov>

Job Accommodation Network (JAN)

1-800-526-7234 (Voice)

877-781-9403 (TTY)

<https://askjan.org>

DoD Computer/Electronics Accommodations Program (CAP)

(703)681-8813 (Voice/TT)

<http://www.CAP.mil>

Disability Program and Reasonable Accommodation Manager, Hill AFB

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