

Air Mobility Command

Procedures Guide for

Reasonable Accommodation



POLICY

The United States government employs across the country and around the world. The ability of the government to meet the complex needs of the nation rests squarely on these dedicated and hard-working individuals. Equal Opportunity in the Federal workplace is a key to accomplishing this goal. In order to develop a competitive, highly qualified workforce, Federal agencies must fully utilize all workers' talents, without regard to race, color, religion, national origin, sex or disability.

Executive Order 13164 requires agencies to provide reasonable accommodation to individuals with disabilities unless the accommodation would create an undue hardship on the operations of the agency. A reasonable accommodation is an adjustment or alteration that enables an individual with a disability to apply for a job, perform job duties, or enjoy equal benefits and privileges of employment.

Section 501 of the Rehabilitation Act of 1973 requires Federal agencies to provide reasonable accommodation for qualified employees or applicants with disabilities, unless to do so would cause undue hardship. This policy, and the accompanying procedures, fully comply with the Rehabilitation Act of 1973, Executive Order 13164 (requiring Federal agencies to establish procedures to facilitate the provision of reasonable accommodation), and Equal Employment Opportunity Commission (EEOC) regulations at Title 29 Code of Federal Regulations (CFR) 1614.203(d)(3) (clarifying the written procedure requirement).

Unless doing so would impose an undue hardship, commanders and supervisors will make reasonable accommodations for individuals with disabilities fully utilizing the assistive technologies and services of the Department of Defense (DoD), Computer/Electronic Accommodations Program (CAP) to fulfill requests for reasonable accommodations. Requests for computer and/or electronic equipment (such as TTYs, modified computer screens or peripherals, specialized software, voice activated equipment, screen readers, etc.) can be submitted by employees and supervisors directly to the Department of Defense (DoD) Computer/Electronic Accommodations Program (CAP) at <https://www.cap.mil/Customers/DoDEmployees.aspx>, but copies must also be provided to the Disability Program Manager (DPM) and supervisor. Commanders and supervisors will ensure their personnel are familiar with Federal and DoD-specific policies and procedures related to the availability and provision of reasonable accommodations for individuals with disabilities.

It is imperative that requests for reasonable accommodations are appropriately processed, accurately documented, decided and implemented in a timely and expeditious manner.

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I. DEFINITION OF KEY TERMS

1. **Applicant for Employment:** An individual applying for a job within the Air Mobility Command (AMC). A person who has asked to be considered for a job with the Air Force. An applicant may be a current employee of the Air Force, an employee of another agency, or a person who is not currently employed by any agency. An employer must provide a reasonable accommodation to a qualified applicant with a disability that will enable the individual to have an equal opportunity to participate in the application process and to be considered for a job (unless it can show undue hardship).
2. **Assistive Technology:** An item, piece of equipment, or system that is commonly used to increase, maintain, or improve the functional capability of individuals with disabilities. Assistive technology includes, but is not limited to, ergonomic keyboards, screen-enlarging software, voice dictation software, and screen readers.
3. **Decision Authority:** The requestor's immediate supervisor is the decision authority whenever possible. Commanders may designate another decision authority, if the immediate supervisor is unavailable, as long as the decision authority is within the immediate chain of command. Requests for reasonable accommodation from applicants will be handled by the installation Civilian Personnel Section (CPS). Denial of an accommodation request must be reviewed and endorsed by the installation commander. On installations with multiple wings, this responsibility may be delegated to the wing commander who has authority over the employee requesting reasonable accommodation. In addition to the wing commanders, the installation commander may also delegate this responsibility to the installation vice commander or civilian deputy.
4. **Designated Representative:** A family member, health professional, or other representative requesting an accommodation on behalf of a requestor. When a request for accommodation is made by a third party, the decision authority must receive written documentation from the requestor authorizing the designated representative and confirming he or she wants a reasonable accommodation before processing the request. It may not be possible to confirm the request if the requestor has, for example, been hospitalized in an acute condition. In this situation, the decision authority will process the third party's request and will consult directly with the individual needing the accommodation as soon as practical.
5. **Direct Threat:** In terms of an individual, is a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation(s) and based on an individualized assessment of the individual's present ability to safely perform the essential functions of the job. Factors to be considered include: the duration of the risk; the nature and severity of the potential harm; the likelihood that the potential harm will occur; and the imminence of the potential harm. The Air Force is not obligated to hire applicants who may pose a direct threat to themselves, others, or the agency.
6. **Disability:** Per 42 USC § 12102(1), with respect to an individual, the term "disability" means the individual has a physical or mental impairment that substantially limits one or more major life activities of such individual; the individual has a record of such an impairment; or the individual is regarded as having such an impairment.

7. **Disability Program Manager (DPM):** The individual responsible for providing guidance on policy regarding reasonable accommodations to employees, supervisors and other management officials and whose office will receive, record, and/or process all requests for reasonable accommodation.

8. **Employees:** An employee who is a qualified individual with a disability may request a reasonable accommodation, which will assist them to accomplish the essential functions of their assigned position at any time. This request can be made orally or in writing, to their immediate supervisor.

9. **Essential Functions:** Essential functions are the fundamental job duties of the position the individual with a disability holds or desires. Determination of the essential functions of a position must be conducted on a case-by-case basis so that it reflects the job as actually performed, and not simply the components of a generic position description. The reason(s) a function may be essential include, but are not limited to:

- The reason the position exists is to perform that function
- The limited number of other employees who could perform that function
- The function may be highly specialized so that the incumbent in the position is hired for his/her expertise or ability to perform the particular function

10. **Extenuating Circumstances:** Extenuating circumstances are factors that could not be reasonably anticipated or avoided in advance of the request for accommodation. Extenuating circumstances may include an outstanding request for medical information, the purchase of equipment, employees working with equipment on a trial basis to ensure that it is effective before being purchased, or facility modifications or improvements.

11. **Facilitation:** The process through which a trained neutral individual from the Alternative Dispute Resolution Program (Installation EO) may assist a requestor and a decision authority to enter into, participate in, and complete the interactive process.

12. **Interactive Process:** An interactive communication process with an employee who has requested an accommodation (or otherwise indicated a need) in order to clarify the specific nature of the disability and identify the appropriate reasonable accommodation. This may include asking relevant questions that enable the supervisor or management official to make an informed decision regarding Air Force's accommodation responsibilities in a specific situation.

13. **Job Restructuring:** Modifications such as reallocating or redistributing marginal job functions that an employee is unable to perform because of a disability, and altering when and/or how a function, essential or marginal, is performed.

14. **Major Life Activities:** Activities that are of central importance to daily life. The determination is made based on whether the applicant/employee is unable to perform tasks that are central to most people's lives. Examples are caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others,

and working.

15. Management Official: Designated individuals charged with the responsibility of internal review of decisions regarding various aspects of reasonable accommodation.

16. Medical Facility/Occupational Medicine (MTF or local provider): Serves as a consultant, reviews and interprets medical documentation, when necessary, for the purpose of assisting in determining the validity of reasonable accommodation.

17. Mental Impairment: Any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

18. Physical Impairment: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, cardiovascular, reproductive, digestive, genitor-urinary, hemic and lymphatic, skin or endocrine. Physical impairment alone does not make an employee disabled. The impairment must also substantially limit a major life function. Common conditions, like excess weight and back pain, impair an individual's ability to stand for long periods or on one leg, but not all persons impaired by common afflictions are qualified individuals with a disability.

19. Qualified Individual with a Disability: In order to be entitled to a reasonable accommodation, an employee or applicant is a person who, with or without reasonable accommodation, can perform the essential functions of the position in question without endangering the health and safety of the individual or others, and maintain the requisite skill, experience, education, and other job-related requirements of the position.

20. Reasonable Accommodation: Reasonable accommodation is any modification or adjustment to a job, employment practice, the work environment, or the way things are usually done that allows a qualified individual with a disability to apply for a job, perform job functions, or enjoy equal access to benefits available to other individuals in the workplace. 29 CFR part 1630 app. § 1630.2(o). Reasonable accommodation may include, but is not limited to: (1) making existing facilities used by employees readily accessible to and usable by individuals with disabilities; (2) job restructuring, modifying work schedules, or reassignment of a current employee to a vacant position; and (3) acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters. Reasonable accommodations are not limited to items that permit the employee to perform the essential functions of the job. An employer is not obligated to provide personal use items such as glasses or hearing aids. An employer is not required to remove an essential function of the job as an accommodation. See Equal Employment Opportunity Commission's Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act, No.915.002 (October 17, 2002).

21. Reassignment as a Reasonable Accommodation: if no other reasonable accommodation enables the employee to perform the essential functions of his or her current position, reassignment may be considered. The Equal Employment Opportunity Commission refers to

reassignment as “the accommodation of last resort”. Reassignment may only be made to a current, vacant position, over which the Civilian Personnel Section (CPS) has authority, for which the employee is qualified. The law does not require agencies to train a qualified individual with a disability in order to make him or her qualified. The employer does not have to create new positions or move other employees from their jobs in order to create a vacancy. There is no right to “save pay” or “save grade” when an employee accepts a reassignment as a reasonable accommodation.

22. Record of Having an Impairment: An employee claiming a record of a disability must demonstrate that the employer has entered into the interactive process.

23. Regarded As Having an Impairment: An employee may be regarded as having a disability if an employer ascribes an inability to perform the essential functions of a job because of a medical condition when, in fact, the individual is able to meet the job’s duties. There are two apparent ways in which individuals may fall within this statutory definition: (1) an employer mistakenly believes that a person has a physical impairment that substantially limits one or more major life activities, or (2) an employer mistakenly believes that an actual, non-limiting impairment substantially limits one or more major life activities. Being regarded as having such an impairment does not apply to impairments that are transitory, episodic, or in remission.

- **Transitory impairment** is an impairment with an actual or expected duration of 6 months or less. An employer need not provide reasonable accommodations to an employee who does not actually suffer from a substantially limiting impairment merely because the employer thinks the employee has such an impairment.
- An impairment that is **episodic** or **in remission** is a disability if it would substantially limit a major life activity when active. Examples of impairments that are episodic or in remission include epilepsy, hypertension, multiple sclerosis, asthma, diabetes, major depression, bipolar disorder, schizophrenia, and cancer.

24. Request/Reasonable Accommodation Request/Requestor: An employee has the initial duty to inform the employer of a disability. A request for reasonable accommodation is a statement that an individual needs an adjustment or change at work, in the application process, or in a benefit or privilege of employment for a reason related to a medical condition. No specific language is required to make a request, nor does the request have to use specific words such as “reasonable accommodation”, “disability” or “Rehabilitation Act”. The request must be clear enough to inform the employer that the employee needs assistance accomplishing an essential function of their job due to a disabling condition. Hereinafter, in this Guide, a reasonable accommodation request (or a request for reasonable accommodation) will be referred to as an **RAR** and a **Requestor** is any current or prospective employee or applicant who wishes to be considered for a reasonable accommodation and brings the matter to the attention of the employer.

25. Short-Term Accommodation: Short-term or temporary accommodations can be beneficial for managers and employees alike. Temporary accommodations can offer time to research other accommodations, can provide an opportunity to test the effectiveness of an accommodation, and can keep workers productive instead of out on a leave of absence. Some samples of a short-term or temporary accommodation are:

- Supervisor is researching a permanent accommodation solution
- As a way of testing an accommodation when the employee/employer isn't sure it's going to work
- When the medical impairment is temporary, but sufficiently severe to entitle the employee to an accommodation
- When an accommodation can be provided at this time, but the employer knows it will eventually pose an undue hardship

26. Substantial Limitation – For purposes of reasonable accommodation and the determination as to whether the employee or applicant is qualified for consideration for a reasonable accommodation, the inquiry is whether the identified limitation is substantial or considerable in light of what most people do in their daily lives, and whether the impairment's effect is permanent or long term.

27. Temporary Restrictions - Temporary, non-chronic impairments of short duration, with little or no long term or permanent impact, are usually not disabilities within the law. A temporary impairment caused by an injury may be a covered disability if it is sufficiently severe enough to substantially limit a major life activity, but it is well-established that disability act protection was never intended to extend to persons suffering from temporary conditions or injuries. For example, a broken leg that heals normally is a temporary condition that does not affect a major life activity long enough to be substantial. In order for an impairment to substantially limit a major life activity, it generally must involve some manifestation of severity, significant duration, or permanence. Temporary conditions should not be referred to as "disabilities." This does not preclude the employer from implementing measures to improve the effects of a temporary condition. These measures should not, however, be referred to as "reasonable accommodations." Any measures given to an employee with a temporary condition should be provided in an employee's current position if at all possible.

28. Undue Hardship – An accommodation may be unreasonable if it either imposes undue financial and administrative burdens or requires a fundamental alteration in the nature of the employer's program. An accommodation, even a reasonable one, imposes undue hardship on an employer if it requires significant difficulty or expense, when considered in light of several statutory factors. Those factors include the nature and cost of the accommodation and the composition, structure, and functions of the employer's workforce. An employer invoking the undue hardship defense must use these factors to show case-specific circumstances that demonstrate undue hardship in the particular circumstances.

II. ROLES AND RESPONSIBILITIES

1. Employee and/or Applicant with a Disability:

- Cooperates in the interactive process throughout the reasonable accommodation process (failure on the part of the employee or applicant to cooperate in the interactive process may result in the denial of the reasonable accommodation request)
- Promptly provides any medical information about the disability, limitation, and need for accommodation to the Disability Program Manager

2. Supervisor:

- Supervisor will notify the Installation Disability Program Manager/Civilian Personnel Section (CPS) when a request for reasonable accommodation is processed without assistance
- Forwards request for reasonable accommodation to the Disability Program Manager NLT 10 calendar days
- Clarify with the individual whether reasonable accommodation is requested if the nature of the initial communication is unclear
- Participates in the interactive process to ensure that any accommodation meets the individual's accommodation needs and enables the individual to perform the essential functions of the position
- Is familiar with these procedures as well as other Air Force programs and resources available to employees

3. Disability Program Manager (DPM):

- Manages the reasonable accommodation program for the installation
- Administers the reasonable accommodation program by reviewing requests for employees and applicants for completeness; assesses requests to determine whether the individual meets the definition of an individual with a disability and needs the accommodation requested; initiates the interactive process with the requesting employee and appropriate officials; issues timely decisions granting or denying accommodation requests; and, implementing granted accommodations if management official needs support
- Obtains and evaluates documentation supporting an accommodation request (such as medical information) when the disability and/or need for accommodation is not obvious
- Works with the employee's supervisor to ensure that any accommodation, if appropriate, meets the individual's disability-related needs, does not entail eliminating essential functions of the position and does not pose an undue hardship
- Works with applicants with disabilities who need accommodation to apply for or be interviewed for a job

III. REASONABLE ACCOMMODATION INFORMATION

1. Forms

Reasonable Accommodation Request Form (Clarification Form)
RAR Form 2- Notification of Request for Medical Information
RAR Form 3- Request of Medical Information
RAR Form 4- Request for Supplemental Medical Documentation
RAR Form 5- Medical Release
RAR Form 6- Record of Interactive Process
Accommodation Approval Notification
Notice of Denial and Rights Form

2. Summary of Reasonable Accommodation Procedures

- a. An individual with a disability makes a **request** for reasonable accommodation.
 - An **employee** can request a reasonable accommodation from their supervisor, commander or manager in their immediate chain of command, the Disability Program Manager.
 - An **applicant** for employment can request reasonable accommodation for the interview/application process from any employee with whom they have contact in connection with the interview/application process.
 - **Employees** (not **applicants**) must follow up an oral request in writing. This request can be made using the Reasonable Accommodation Request Form. However, officials should not wait for a written request to act.
- b. A reasonable accommodation request (RAR) from an **applicant** to engage in the interview/application process should be approved and provided as soon as possible. Supervisors will acknowledge receipt of all requests and enter the interactive process within 10 calendar days. If the request is not feasible (because it would be an undue burden on the agency to provide it within the necessary time frame) the applicant should be advised of this and of alternative accommodations, which will be provided. An alternative accommodation should be provided so the applicant can engage in the interview/application process.
- c. Supervisors will provide a written decision from the decision authority on the request for accommodation in the shortest time practicable, but no later than 30 calendar days from receipt of the initial request when the supervisor is the decision authority. The

Reasonable Accommodation Approval Notification template should be used to notify the requestor of approval and/or alternative accommodation approval.

e. If the reasonable accommodation request for an **employee** is approved, the requested item or service will be provided to the employee as soon as possible, generally within **30 calendar days**, following receipt of the request. If it is not possible to make the accommodation within **30 calendar days**; i.e., if an item cannot be provided timely or medical documentation not provided timely, the employee must be informed of the status of the request within **30 calendar days** following receipt of the request.

f. In general, each respective organization will bear the cost of providing reasonable accommodations. All costs should be tracked utilizing emergency special program code (7F) to track all requests for reasonable accommodations. Organizations may use centrally-funded accommodation monies in fiscal years in which the centrally-funded account is funded. When considering whether the expense of a potential accommodation constitutes an undue hardship, the budget of the entire agency, i.e. the Air Force as a whole, is to be taken into account. Thus, it is unlikely that cost will be a basis for denying a request for reasonable accommodation.

g. If the accommodation the employee requested is not feasible, but another accommodation might be feasible, the supervisor should engage in an interactive process with the employee to identify other accommodations that would also be effective. The agency is not obligated to provide an employee with the accommodation of their choice, but one which is reasonable and effective.

h. If an employee's reasonable accommodation request is denied, a letter, signed by the decision authority, must be provided to the employee within **30 calendar days** of the request. Denial letters must inform employees of their rights. The Notice of Denial and Rights form template can be used for written notification.

i. The employee requesting reasonable accommodation is required to submit information necessary for the decision authority to make a determination regarding provision of reasonable accommodation (s) within 20 calendar days of request by the Air Force. In the event a request for medical documentation is made by the Air Force, the timeframe for processing reasonable accommodation requests is adjusted. Time taken by the requestor to obtain/gather medical documentation is not counted against the Air Force's obligation to issue a decision on reasonable accommodation requests within 30 calendar days of receipt of the request.

3. Medical Information

a. Defining the Information

(1) The employer is entitled to know that an employee or applicant has a covered disability that requires a reasonable accommodation.

(2) There may be circumstances where the scope of disability, the impact of the limitations on the essential functions, and the need for accommodation is apparent or already known to the decision authority. In those circumstances further medical information may not be needed.

(3) If medical information is needed, the information must be sufficient to substantiate that the individual is a qualified individual with a disability that meets the definition under Rehabilitation Act and needs a reasonable accommodation. The requirements set forth in accordance with EEOC Enforcement Guidance: *Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act*, (available via the internet at <http://www.eeoc.gov/policy/docs/guidance-inquiries.html>) provides further details. The agency may request information or documentation regarding:

- The nature, severity, and duration of the requestor's impairment
- The activity or activities that the impairment limits
- The extent to which the impairment limits the requestor's ability to perform the activity or activities
- Why the requestor requires reasonable accommodation or the particular reasonable accommodation requested; as well as how the reasonable accommodation will assist the requestor to apply for a job, perform the essential functions of the job, or enjoy a benefit of the workplace

(4) Information unrelated to the above should not be solicited.

(5) The failure to provide appropriate documentation or to cooperate in efforts to obtain such documentation may result in a denial of the reasonable accommodation. Decision authorities will annotate any failure to provide information on RAR Form 6 and, where possible, offer reasonable accommodation based on the information that has been received or deny the request.

b. Obtaining Medical Information

(1) If it is determined that medical information related to the impairment is necessary to make a determination regarding reasonable accommodation, the decision authority must notify the requestor in writing.

(2) The decision authority may prepare a request for medical information letter, using the Request for Medical Information Letter template, addressed to the requestor and his/her medical provider. The letter will notify the requestor as to what medical documentation is required to identify his/her disability and functional limitations with regard to the essential functions of the position. It's recommended the DPM assist the decision authority with the Request for Medical Information Letter.

(3) The decision authority will also attach a copy of the requester's current position description to the letter used to request the medical information.

(4) The decision authority will provide the requestor a package with the above information to obtain the medical information from their health care provider to support the request for reasonable accommodation.

(5) The requestor is responsible for obtaining the necessary medical information directly from their medical expert or provider and providing it to the decision authority. The requestor is responsible for all costs incurred with providing existing supporting medical documentation.

(6) The requestor may supply medical information directly to the decision authority or DPM without being asked. If this occurs, the decision authority may advise the requestor to submit a copy of the medical information to the MTF to ensure it is documented and retained in a medical file. In these cases, the decision authority will consider such documentation.

(7) There may be instances where the employer may require a requestor visit the healthcare provider of his/her choice at government expense. Any such medical examination will be limited to determining the existence of a disability and the need for reasonable accommodation. Where a medical examination is warranted, the agency must explain to the requestor that failure to agree to it could result in a denial of reasonable accommodation.

c. Supplemental Medical Documentation

(1) Supplemental documentation may be requested when the medical information submitted is insufficient to document the disability or the functional limitations it causes.

(2) When requesting supplemental information, the requestor or designated representative will be told in specific terms why the information provided is insufficient, what additional information is needed and why it is necessary for determining the need for reasonable accommodation. The requestor or designated representative can then ask the health care or other appropriate professional to provide the missing information within a reasonable time frame as determined by decision authority.

d. Protecting Medical Documentation

(1) Supporting medical documentation obtained in connection with the reasonable accommodation process must be kept confidential. Such information and documentation, including information about functional limitations and reasonable accommodation needs, will be kept in a secured file separate from the supervisor's employee work folder (971). The folder may be labeled Personal Data Privacy Act 1974 Reasonable Accommodation. Any employee who obtains or receives such information is strictly bound by confidentiality requirements.

(2) Records will be maintained in accordance with the *Privacy Act of 1974*, the requirements of 29 CFR Section 1611, *Privacy Act Regulations*, the Equal Employment Opportunity Commission Order 150.003, *Procedures for Providing Reasonable Accommodations for Individuals with Disabilities*, and applicable Air Force instructions. This information may only be disclosed to:

(a) Supervisors, managers and personnel specialists who need to know may be told about necessary restrictions concerning the work or duties of the employee or applicant and about the necessary accommodations, but medical information will not be disclosed without consent of the employee in accordance with the *Privacy Act of 1974*

(b) First aid and safety personnel if the disability might require emergency treatment

(c) Government officials, as necessary, to investigate compliance and/or defend the agency against a claim of failure to comply with the Rehabilitation Act

(d) The Workers' Compensation offices in certain circumstances or to the Office of Personnel Management in connection with disability retirement applications

(e) The servicing Military Treatment Facility or local medical provider

IV. PROCESSING REASONABLE ACCOMMODATION REQUESTS (RAR)

The optimal time for processing a RAR is thirty (30) calendar days:

<u>Days</u>	<u>Process</u>
1-10	Interactive Process
11-30	Review Request, Request Additional Information and Issue Approval or Denial

After a RAR has been made, processing of requests, regardless of whether written confirmation has been provided, should begin immediately.

V. REASONABLE ACCOMMODATION RESOURCES

ADA Disability and Business Technical Assistance Centers (DBTACs)

1-800-949-4232 (Voice/TTY)

The DBTACs consist of 10 federally funded regional centers that provide information, training, and technical assistance on the ADA. Each center works with local business, disability, governmental, rehabilitation, and other professional networks to provide current ADA information and assistance, and places special emphasis on meeting the needs of small businesses. The DBTACs can make referrals to local sources of expertise in reasonable accommodations.

Computer/Electronic Accommodations Program (CAP) - provides assistive technology and devices free of charge to participating Federal agencies (including EEOC). More information on CAP may be found at www.cap.mil.

Job Accommodation Network (JAN) - 1-800-526-7234 (Voice), 1-877-781-9403 (TTY)

<http://www.askjan.org> is funded by the U.S. Department of Labor's Office of Disability Employment (ODEP) Policy and provides information on the Americans with Disabilities Act (ADA) and a wide range of reasonable accommodations options for many different types of disabilities.

US Equal Employment Opportunity Commission - <https://www.eeoc.gov/overview>

REASONABLE ACCOMMODATION REQUEST FORM

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes ☐ No ☐

If yes, please explain.

Is your accommodation request time sensitive? Yes ☐ No ☐

If yes, please explain.

B. Questions to document the reason for accommodation request.

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation? Yes ☐ No ☐

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

Signature _____

Date _____

Return this form to MaryAnne Cobarrubia, GS-09
Human Resources Specialist/
Disability Program Manager

RAR FORM 2

NOTIFICATION OF REQUEST FOR MEDICAL INFORMATION

Case Number

Employee Name

Notice: *Medical Information may only be requested when needed to evaluate a request for reasonable accommodation. The Agency may request, and the requestor must provide, appropriate medical information related to the functional impairment and the requested accommodation where the disability and/or need for accommodation is not obvious or already known.*

Notification to the Program Manager: The above-identified Requestor has indicated that he/she has a disability which affects a major life function and has requested a reasonable accommodation in order to accomplish essential functions of his/her position. I have determined that a request for medical information as to the scope and limitations of the Requestor's functional impairment is necessary to continue the interactive process. I have provided the Requestor with **RAR Form 3**, a copy of which is attached.

Supervisor Name

Date

Supervisor Signature

Reasonable Accommodation Manager Signature:

RAR FORM 3

REQUEST FOR MEDICAL INFORMATION

Notice: *Medical Information may only be requested when needed to evaluate a request for reasonable accommodation. The Agency may request, and the requester must provide, appropriate medical information related to the functional impairment and the requested accommodation where the disability and/or need for accommodation is not obvious or already known.*

MEMORANDUM FOR: _____
Employee Name

You are currently employed on the installation as a/an:

PP-Series-Grade, Title

The essential functions and applicable environmental factors of that position are as follows:

You have indicated you have a disability which affects your ability to accomplish those essential functions and have requested a reasonable accommodation(s) in the form of:

I am unable to determine the scope and extent of your named disability and how it affects your ability to accomplish the essential functions of the job as listed above. In order for you and I to continue the interactive process, I am requesting that you provide me medical documentation which will reflect an individualized medical assessment of your present ability to accomplish the essential functions of the position for which you are requesting a reasonable accommodation. My purpose in requesting more specific documentation is not for the purpose of delving into your private medical history or harassing you; I simply need more relevant information in order to make an informed decision. Medical documentation is sufficient if it:

(1) describes the nature, severity, and duration of your impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits your ability to perform the activity or activities; and

(2) substantiates why the requested reasonable accommodation is needed.

I am providing a copy of your position description. You should provide that to your medical provider and ask that he/she ensure that at a minimum, in addition to the above, they address the following questions:

- ✓ Does your patient have a permanent medical condition which affects his/her ability to do the essential functions of the job as outlined in the job description provided? If the condition is not permanent, is there a projected date when your patient will not need a reasonable accommodation?
- ✓ If your patient has a medical condition, how does that condition affect his/her ability to do the critical aspects of the job?
- ✓ Are there any restrictions to how your patient could accomplish the job? What are these restrictions?
- ✓ What are your recommendations as to reasonable accommodations which might exist to allow your patient to perform the critical aspects of the job? Please state the medical basis for your conclusion.

The timelines for processing your request for reasonable accommodation outlined in the AMC Guide will be suspended while you obtain this information. It is, of course, in your best interest to provide the information as soon as possible. Under normal circumstances, fifteen (15) calendar days is sufficient in order to schedule an appointment with your physician and obtain medical documentation. If you require an extension to obtain medical documentation, you should submit your written request to the undersigned within five (5) work days of this notification. If you have noted that a reasonable accommodation is time-sensitive, we can discuss an interim accommodation while we await receipt of your medical information.

If you have any questions, please let me know.

Supervisor Signature

Date

Employee Signature

Date

RAR FORM 4

REQUEST FOR SUPPLEMENTAL MEDICAL DOCUMENTATION

Notice: *Medical Information may only be requested when needed to evaluate a request for reasonable accommodation. The Agency may request, and the requester must provide, appropriate medical information related to the functional impairment and the requested accommodation where the disability and/or need for accommodation is not obvious or already known.*

MEMORANDUM FOR: _____
Employee Name

On _____, you gave me a letter from your physician which was in response to my request to you on _____ for medical information to assist me in addressing your request for reasonable accommodation. As I noted at that time, my purpose in requesting documentation was not for the purpose of delving into your private medical history or harassing you; I simply needed more relevant information in order to make an informed decision. The medical documentation given to me so far is insufficient for me to make an informed decision.

To date, the medical documentation given to me is insufficient because it does not describe the nature or severity of your impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits your ability to perform the essential functions of your job.

I am willing to grant a reasonable accommodation provided one is available and you supply the necessary information. I wish to continue the interactive process to determine what actions, if any, can be taken to allow you to perform the essential functions of your position. Please keep in mind that this interactive process requires good-faith communication between both the supervisor and the individual employee.

To this extent, please provide the requested medical documentation to me within (15) calendar days from the date of issuance of this form. Failure to submit this requested medical documentation by that date will be interpreted as your agreement to end the interactive process.

Supervisor Signature

Date

Employee Signature

Date

RAR FORM 5

MEDICAL RELEASE

Employee Name

I hereby authorize the installation to keep and maintain the medical documentation I provide as part of my request for reasonable accommodation in accordance with the following provisions:

(a) Supporting medical documentation obtained in connection with the reasonable accommodation process must be kept confidential. Such information and documentation, including information about functional limitations and reasonable accommodation needs, will be kept in a secured file separate from the supervisor's employee work folder (971). The folder may be labeled Personal Data Privacy Act 1974 Reasonable Accommodation. Any employee who obtains or receives such information is strictly bound by confidentiality requirements.

(b) Records will be maintained in accordance with the *Privacy Act of 1974*, the requirements of 29 CFR Section 1611, *Privacy Act Regulations*, the Equal Employment Opportunity Commission Order 150.003, *Procedures for Providing Reasonable Accommodations for Individuals with Disabilities*, and applicable Air Force instructions. This information may only be disclosed to:

(1) Supervisors, managers and personnel specialists who need to know may be told about necessary restrictions concerning the work or duties of the employee or applicant and about the necessary accommodations, but medical information will not be disclosed without consent of the employee in accordance with the *Privacy Act of 1974*.

(2) First aid and safety personnel may be informed when appropriate, if the disability might require emergency treatment.

(3) Government officials, as necessary, to investigate compliance with the Rehabilitation Act and/or defend the agency against a claim of failure to comply with the Act.

(4) The Workers' Compensation offices in certain circumstances or to the Office of Personnel Management in connection with disability retirement applications.

(5) The Occupational Medicine Services Flight of the installation.

Employee Signature

Date

RAR FORM 6

RECORD OF INTERACTIVE PROCESS

Case Number

Received by Reasonable Accommodation Manager

Employee Name

Supervisor Name

ADR Facilitator (*if none, leave blank*)

Date(s) of Interactive Process

Affected Essential Functions of the Position:

Requested Reasonable Accommodation:

Options for Reasonable Accommodation Discussed:

Date of Conclusion of Interactive Process: _____

Employee Signature

Supervisor Signature

Date: _____

Date: _____

Facilitator Signature (*if none, leave blank*)

Date: _____

APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION

Case Number

Date Received by Disability Program Manager

MEMORANDUM FOR _____
(NAME OF REQUESTING EMPLOYEE)

1. On _____, you submitted a request for reasonable accommodation, and you identified your disability as:

_____.

2. This letter is to notify you that after assessing the information you provided, as well as using the resources available to me, your request for reasonable accommodation is *approved* as outlined below:

(Check One):

____ Original Request Approved: _____

____ Alternative Approved: _____

a. This alternative reasonable accommodation is effective because:

3. Please be advised that if your needs for reasonable accommodation should change or are different from what is identified above, please notify me immediately. If you have any questions or concerns regarding this, please do not hesitate to contact MaryAnne Cobarrubia at maryanne.cobarrubia.1@us.af.mil / 501-987-1700.

SUPERVISOR

DATE SIGNED: _____

REQUESTING EMPLOYEE

DATE RECEIVED: _____

NOTICE OF DENIAL OF REQUEST and RIGHTS ADVISEMENT

Case Number

Date Received by Disability Program Manager

Requestor

Decision Maker

Notice to Requestor:

On _____, you were advised of the decision denying your request for reasonable accommodation. This Notice represents the formal explanation for the denial.

[Provide detailed explanation for why it was determined that the Requestor does not have a disability entitling them to reasonable accommodation.]

Or

[Provide detailed explanation for why it was determined that it is not possible or not legally appropriate for the Air Force to provide the requested reasonable accommodation.]

You are entitled to take this matter to the installation's Alternative Dispute Resolution Office and submit it to mediation.

Additionally, if you believe this action to be unjustified or improper you may challenge the action by electing one of the grievance, complaint, or appeal procedures described below.

a. If you believe this action was motivated, in whole or in part, by unlawful discrimination based on race, color, religion, sex, national origin, age, disability, or genetic information, you may file an Equal Employment Opportunity (EEO) complaint at the installation EO office. **You must contact an Air Force EEO counselor within 45 days of the effective date of this action.** For EEO complaint procedures, see AFI 36-2706, *Equal Opportunity Program, Military and Civilian*.

b. If you consider this action improper and you are covered by a Collective Bargaining Agreement, you have the right to grieve under the Agreement's Negotiated Grievance Procedure (NGP). *[Insert local NGP rules, including time frame for the submission of the grievance.]*

c. If you raise unlawful discrimination and/or a failure to accommodate as an issue in your grievance, and your grievance proceeds to arbitration, you may request that the Merit systems Protection Board (MSPB) review the final grievance decision. The procedure for

requesting MSPB review of an arbitration award dealing with discrimination may be found at the MSPB website: www.mspb.gov.

d. If you believe this action was taken in reprisal for whistleblowing, you may raise the matter by filing a MSPB appeal, or by filing a complaint with the Office of Special Counsel. The Office of Special Counsel will investigate your complaint and will either file an action on your behalf or notify you of your right to file an Individual Right of Action appeal to the MSPB. A complaint may be filed electronically at www.osc.gov, or may be filed in writing by filling out Form OSC-11, and faxing or mailing the completed form to the Office of Special Counsel at the following address or fax number: Complaint Examining Unit, Office of Special Counsel, 1730 M Street NW (suite 218), Washington, DC 20036-4505; Fax: 202-254-3711.

If you need further information about your appeal or grievance rights with regard to this action, you may contact Employee Relations in the Civilian Personnel Office at [501-987-1700](tel:501-987-1700).

Supervisor

Date

Decision Maker (Installation CC or delegatee)

Date