

Headquarters  
US Army Armor Center and Fort Knox  
Fort Knox, Kentucky 40121-5230  
26 May 2010

\*Fort Knox Reg 690-16

## **Civilian Personnel**

### **REASONABLE ACCOMMODATION OF DISABLED EMPLOYEES AND APPLICANTS FOR EMPLOYMENT**

**Summary.** This regulation prescribes policies and procedures for the accommodation of employees and applicants with disabilities. It provides instructions on how accommodations can be requested and how they will be approved and provided.

**Applicability.** This regulation applies to all civilian employees and applicants for employment in both appropriated and non-appropriated fund activities serviced by the Fort Knox Equal Employment Opportunity (EEO) office and the Fort Knox Civilian Personnel Advisory Center (CPAC) not covered by a MACOM plan.

**Suggested Improvements.** The proponent of this regulation is the EEO office. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to EEO (IMSE-KNX-EEO), 50 3<sup>rd</sup> Avenue, Suite 116, Fort Knox, Kentucky 40121-5230.

**1. Purpose.** Describe policies and procedures and establish responsibilities in the area of reasonable accommodation for individuals with disabilities as established under the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, Americans with Disabilities Act (ADA) Amendments Act of 2008, and Executive Order 13164.

**2. Applicability.** This policy applies to the US Army Armor Center and Fort Knox, its subordinate agencies and activities, and partner activities not covered by a MACOM plan.

#### **3. References.**

a. Executive Order (EO) 13164, "Establishing Procedures to Facilitate the Provision of Reasonable Accommodation," dated 26 Jul 00.

b. Equal Employment Opportunity Commission's (EEOC's) "Policy Guidance on Executive Order 13164: Establishing Procedures to Facilitate the Provision of Reasonable Accommodation" issued on 20 Oct 00. The complete text of the EEOC guidance can be found at [www.eeoc.gov](http://www.eeoc.gov).

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\* This regulation supersedes Fort Knox Reg 690-16, 31 July 2003.

- c. 29 CFR, Part 1614.203, Rehabilitation Act.
- d. 29 CFR, Part 1630, Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act.
- e. The ADA of 1990.
- f. The ADA Ammendments Act of 2008.
- g. US Army Procedures for Providing Reasonable Accommodation for Individuals with Disabilities, 17 March 2009.

#### **4. Key Terms.**

a. **Essential functions.** Job duties that are so fundamental to the position that the individual holds or desires that he/she cannot do the job without being able to perform them. A function is “essential” if, among other things, the position exists specifically to perform that function, there are a limited number of other employees who could perform the function, or the function is specialized and the individual is/was hired based on his/her ability to perform it. Determination of the essential functions of a position must be done on a case-by-case basis so it reflects the job as actually performed, and not simply the components of a generic position description.

b. **Individual with a disability.** A person who fits into one of the following categories:

(1) Mental or physical impairment that substantially limits one or more major life activities such as hearing, seeing, speaking, walking, breathing, performing manual tasks, caring for oneself, learning, or working.

(2) Record of an impairment that substantially limits one or more major life activities.

(3) Regarded as having an impairment that substantially limits one or more major life activities.

c. **Interactive process.** Communication is a priority throughout the entire process. The individual requesting the accommodation and the Fort Knox decision maker(s) must talk to each other about the request, the process for determining whether an accommodation should or should not be provided, and potential accommodations. The Fort Knox decision maker(s) will have the principal responsibility for identifying possible accommodations.

d. **Qualified individual with a disability.** An individual with a disability is qualified, and therefore protected under the ADA, if he/she satisfies the requisite skill, experience, education, and other job-related requirements of the position; and he/she can perform the essential functions of the position, with or without reasonable accommodation.

e. **Reasonable accommodation.** Any change in the work environment or in the way things are customarily done that would enable a qualified individual with a disability to enjoy equal employment opportunities.

f. **Reassignment.** A form of reasonable accommodation that, absent undue hardship, is provided to employees (not applicants) who, because of a disability, can no longer perform the essential functions of their job, with or without reasonable accommodation. Reassignments are made only to vacant positions and for employees who satisfy the requisite skill, experience, education, and other job related requirements of the position, and who can perform the essential functions of the job with or without reasonable accommodation. If the employees are qualified for the position, they will be reassigned to the job and will not have to compete for it. Reassignment to a vacant position will only be used if it is determined that no other reasonable accommodation will permit the employee with the disability to perform the essential functions of his or her current position. Note that reassignment is not a routine reasonable accommodation. The need for reassignment as a reasonable accommodation should be determined after thorough review and on a case-by-case basis.

g. **Undue hardship.** A specific accommodation that involves significant difficulty and expense. This determination, which must be made on a case-by-case basis, considers factors such as the nature and cost of the accommodation needed, the size and budget of the organization (Army), and the impact of the accommodation on the operations of the agency, in this case, the Army. Management is not required to provide this particular accommodation.

## **5. Responsibilities.**

a. Commanders/Directors will accomplish the following:

- (1) Promote the reasonable accommodation process.
- (2) Provide necessary resources to support the reasonable accommodation process.

b. Management officials/first-line supervisors will adhere to the following actions:

(1) Assure employees with disabilities are aware of their right to request reasonable accommodation because of a medical condition. This may necessitate providing information in alternative formats, such as large print, Braille, or electronic diskette (on request). Other alternatives will be made available so the reasonable accommodation procedures are accessible for individuals with particular disabilities.

(2) Review reasonable accommodation requests received from employees, and begin the interactive process.

(3) Contact the Disability Program Manager (DPM) to determine if the employee requesting the accommodation meets the definition of a "Qualified Individual with a Disability".

(4) Work with the DPM to consider and approve/disapprove reasonable accommodation requests.

c. Servicing Civilian Personnel Advisory Center (CPAC) staff will complete the following actions:

(1) Review reasonable accommodation requests received from applicants for employment and current employees.

(2) Consider and approve reasonable accommodation requests for disabled applicants and employees, whenever possible.

(3) Provide information to supervisors regarding the reasonable accommodation process, when appropriate.

(4) Coordinate all actions regarding individuals with disabilities with the DPM in the EEO office.

d. The EEO officer will, as the proponent for the Program for Individuals with Disabilities (IWD), designate a DPM who will coordinate all reasonable accommodation requests.

e. The DPM will accomplish the following:

(1) Coordinate all reasonable accommodation requests.

(2) Track and report on reasonable accommodation requests in the annual Federal Agency Annual EEO Program Status Report-MD715.

(3) Submit data to higher HQ's when requested.

(4) Provide information and training to managers and employees on the Disability Program and Reasonable Accommodation Process with CPAC input.

## **6. Process for Requests for Reasonable Accommodations.**

a. An employee or job applicant may initiate a request for a reasonable accommodation orally or in writing. The employee will be asked to complete the Confirmation of Request for Reasonable Accommodation, FK Form 5099-E, for record keeping purposes, located at Appendix A of this regulation. This form must be provided to the DPM in the EEO office for tracking purposes. However, a person's oral or written request starts the process. When an individual with a disability requests assistance in completing the request form, the supervisor must provide that assistance.

b. 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. The reasonable accommodation process begins as soon as this request for accommodation is made.

c. A request does not have to use any special words, such as "reasonable accommodation," "disability," or "Rehabilitation Act." Individuals with a disability may request a reasonable accommodation whenever they choose, even if they have not previously disclosed the existence of a disability. Any Fort Knox employee, applicant, or supervisor may consult the DPM in the EEO office for further information or assistance in connection with requesting or processing a request for reasonable accommodation.

d. Employees may request a reasonable accommodation orally or in writing from their supervisor, another supervisor or manager in their immediate chain of command, the Commander/Director, or DPM. The DPM must be notified by the supervisor of this request and provided a copy of FK Form 5099-E for tracking purposes. The DPM will coordinate with the supervisor in making a decision on the reasonable accommodation request.

e. An applicant may request a reasonable accommodation orally or in writing from any CPAC employee with whom the applicant has contact in connection with the application process. The CPAC is responsible for training their staff involved in the application process to recognize requests for reasonable accommodation and to handle them appropriately. Commanders/Directors should also ensure that all staff having contact with applicants are trained to recognize and handle requests for reasonable accommodation.

f. A Family member, health professional, or other representative may request an accommodation on behalf of an employee or applicant. The request should go to one of the same persons to whom the employee or applicant would make the request.

## **7. Interactive Process.**

a. Communication is a priority throughout this entire process. Once an individual requests an accommodation, a determination needs to be made as to what, if any, accommodation should be provided. This means the individual requesting the accommodation and the decision maker(s) must talk to each other about the request, the process for determining whether an accommodation will be provided, and potential accommodations. The decision maker(s) are (would be) the employee's immediate supervisor, another supervisor or manager in their immediate chain of command, the commander/director in the chain of command, and/or the CPAC. The supervisor/manager will have the primary responsibility for identifying possible accommodations for employees. He/she will take a proactive approach in searching out and considering possible accommodations, including consulting appropriate resources for assistance. The DPM will advise and assist the decision maker(s) in this process. The CPAC and/or the selecting official will have the primary responsibility for identifying possible accommodations for applicants. The employee requesting the accommodation should also participate to the greatest extent possible in helping to identify an effective accommodation. The DPM is available to provide assistance in identifying possible accommodations.

b. On-going communication is particularly important where the specific limitation, problem, or barrier is unclear; where an effective accommodation is not obvious; or where the parties are considering different possible reasonable accommodations.

## **8. Requests for Medical Information.**

a. Management is entitled to know an employee or applicant has a covered disability that requires a reasonable accommodation. In some cases, the disability and need for accommodation will be obvious or otherwise already known. In these cases, further medical information will not be sought. However, when a disability and/or need for reasonable accommodation is not obvious or already known, the individual may be required to provide appropriate medical documentation about the disability and functional limitations.

b. If supervisors and DPM believe that medical information is necessary in order to evaluate a request for reasonable accommodation, they will make a request that the employee obtain additional information. The Medical Inquiry in Response to an Accommodation Request, FK Form 5099a-E, located at Appendix B of this regulation, will be used to gather medical information. Requests for medical information will follow the requirements set forth in the EEOC's Enforcement Guidance: Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act (available at [www.eeoc.gov](http://www.eeoc.gov)). Upon receipt, the supervisor and DPM, in coordination with the CPAC, will make a determination per timeframes shown in paragraph 9 below.

c. If the information provided by the health professional(s) or the information volunteered by the individual needing the accommodation is insufficient to enable the supervisor to determine whether an accommodation is appropriate, the supervisor may request further information.

(1) Before requesting further information, the supervisor or DPM will explain to the individual needing the accommodation why the information provided is insufficient, what additional information is needed, and why it is necessary for a determination of the reasonable accommodation request.

(2) The individual may then ask his/her health care provider or other appropriate professional(s) to provide the additional information. Alternatively, the supervisor, DPM, and individual needing the accommodation may agree to the individual signing a release that will allow Fort Knox to obtain only medical information relevant to the request for accommodation. The supervisor will work with DPM and/or CPAC to identify relevant medical information to be obtained.

(3) If, after a reasonable period of time, the information submitted is still insufficient to demonstrate the individual has a disability and needs a reasonable accommodation, the supervisor may require the individual be examined by the Federal Medical Officer (FMO) at the agency's expense. This decision must be coordinated with DPM and CPAC to ensure regulatory compliance.

**NOTE:** The failure to provide appropriate medical documentation, or to cooperate in efforts to obtain such documentation, can result in a denial of the reasonable accommodation.

d. The Rehabilitation Act requires all medical information, whether obtained through the reasonable accommodation process or otherwise, be kept confidential. If necessary, medical information may only be shared on a need-to-know basis with individuals in the decision making process. When medical information is disclosed to appropriate officials, they must be informed regarding the confidentiality requirements under the law.

e. In order to maintain the confidentiality of the medical information and accommodation request data, these records must be filed separately from official personnel files, or the personnel files maintained in other offices.

f. If there is still a question regarding the need for reasonable accommodation, medical documentation, or the reasonableness of accommodations required, the DPM, CPAC, and SJA, will be consulted to provide advisory services. The FMO will be consulted, as appropriate, to provide medical assessment.

## **9. Timeframes.**

a. Decisions on reasonable accommodations will be processed as quickly as reasonably possible. First, the staff member who receives the request must determine who will be responsible for handling it. If it is another staff member, he/she will forward it to the appropriate official within 3 business days of receipt of the request.

b. If a request for an accommodation can be processed by the requesting employee's supervisor or commander/director, no supporting medical information is required, and/or no extenuating circumstances apply, the request shall be processed and the accommodation, if granted, provided as soon as possible, but by less than 30 business days from the date the request was received. If it is decided that medical documentation is needed, the decision shall be made and accommodation in the current position, if granted, will be provided within 30 business days from the date the medical documentation was received.

c. Extenuating circumstances are factors that could not have been reasonably anticipated or avoided in advance of the request for accommodation. When extenuating circumstances are present, the time for processing a request for reasonable accommodation and providing the accommodation will be extended as long as reasonably necessary. Extensions based on extenuating circumstances should be limited to circumstances where they are absolutely necessary. The employee/applicant must be notified of the reason for the delay and approximate date on which a decision, or provision of the reasonable accommodation, is expected.

## **10. Granting or Denying Reasonable Accommodation Requests.**

a. As soon as it is decided that a reasonable accommodation can be provided, the supervisor should communicate that decision to the individual. If the accommodation cannot be provided

immediately, the individual must be informed of the projected time frame for providing the accommodation.

b. When a different form of accommodation from the one requested is provided, the supervisor will explain the reasons that the chosen accommodation will be used.

c. Once decided that a request for reasonable accommodation will be denied, the supervisor must complete FK Form 5099b-E, Denial of Reasonable Accommodation Request (Appendix C of this regulation), and give it to the individual requesting the accommodation. The supervisor must consult DPM prior to denying a reasonable accommodation request. All denials will be reviewed by SJA, EEO, and CPAC.

**11. Informal Complaint Process.** Individuals with disabilities can request prompt reconsideration of a denial of reasonable accommodation as outlined in FK Form 5099b-E, Denial of Reasonable Accommodation Request. An informal complaint process/alternative dispute resolution process may be used to reconsider denials of reasonable accommodation. The EEO office will facilitate this process. Individuals requesting a reasonable accommodation that was denied (who are dissatisfied with the decision on the request) will be informed that they have the right to file an EEO complaint in the EEO office or pursue redress through the negotiated grievance, or administrative grievance process, as appropriate. Any EEO office staff member who has any involvement in the denial/processing of a request for reasonable accommodation will excuse him/herself from investigating or processing any subsequent EEO counseling contact or complaint challenging the agency's handling of that particular accommodation request.

**12. Information Tracking and Reporting.** The DPM will track the processing of request(s) for reasonable accommodation and review this regulation for applicability. The DPM will report reasonable accommodation data for the Federal Agency Annual EEO Program Status Report-MD715.

### **13. Forms.**

a. In order to track requests and responses to requests for reasonable accommodation, the following forms will be used:

(1) FK Form 5099-E, Confirmation of Request for Reasonable Accommodation. The applicant, employee, or supervisor will complete this form when a request for accommodation is made. It will briefly describe the accommodation requested and the basis for the request.

(2) FK Form 5099a-E, Medical Inquiry in Response to an Accommodation Request. The supervisor of the person requesting accommodation will complete this form.

(3) FK Form 5099b-E, Denial of Reasonable Accommodation Request. This form will be completed by the official who determines that the accommodation cannot be granted and will document reason(s) for the denial.

b. All completed forms will be forwarded to DPM in the EEO office (IMSE-KNX-EEO), within 3 work days of receipt and/or determination of whether or not to grant the requested accommodation.



JAMES M. MILANO  
Major General, USA  
Commanding

OFFICIAL:

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Dir, Human Resources

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Appendix A  
Confirmation of Request for Reasonable Accommodation

<b>CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION</b> <small>For use of this form, see Fort Knox Reg 690-16</small>		
<b>DATA REQUIRED BY THE PRIVACY ACT</b>		
<b>AUTHORITY:</b>	Section 501, Rehabilitation Act of 1973, as amended; 29 USC 791; EO 13164, Section 1(b)(9); Equal Employment Opportunity Commission's Policy Guidance on EO 13164: Establishing Procedures to Facilitate the Provision of Reasonable Accommodation; and 10 USC 3013.	
<b>PURPOSE:</b>	To use primarily for processing requests for reasonable accommodation. Information will also be used to record and track the disposition of requests.	
<b>ROUTINE USE:</b>	Information contained on this form will only be released to those individuals/agencies necessary in order to make an appropriate determination.	
<b>DISCLOSURE:</b>	Voluntary; however, not providing the requested information may make it difficult to properly process your request.	
<p>The Rehabilitation Act of 1973 prohibits employment discrimination in the federal sector against individuals with disabilities. The Americans with Disabilities Act (ADA) of 1990 provides the standards addressing discrimination against individuals with disabilities and defines a qualifying disability as one that fits into one of the following categories:</p> <ul style="list-style-type: none"> <li>- A physical or mental impairment that substantially limits one or more major life activities;</li> <li>- A record of impairment; or</li> <li>- Regarded as having an impairment.</li> </ul> <p>To be eligible for a reasonable accommodation under the ADA, the individual must also be qualified to perform the essential functions of his/her position with or without the accommodation.</p>		
<b>INSTRUCTIONS:</b> Employee requesting accommodation should complete this form. Please use the space below. If additional space is needed, please attach to this form.		
<b>EMPLOYEE NAME:</b>	<b>EMPLOYEE WORK PHONE:</b>	
<b>SUPERVISOR NAME:</b>	<b>SUPERVISOR WORK PHONE:</b>	
<b>EMPLOYEE JOB TITLE/PAY PLAN/SERIES/GRADE:</b>	<b>ACTIVITY/COMMAND:</b>	<b>DATE:</b>
<b>SECTION I. QUESTIONS TO CLARIFY ACCOMMODATION(S) REQUESTED.</b>		
1. WHAT SPECIFIC ACCOMMODATION(S) ARE YOU REQUESTING?		
2. IF YOU ARE NOT SURE WHAT ACCOMMODATION(S) IS/ARE NEEDED, DO YOU HAVE ANY SUGGESTIONS ABOUT WHAT OPTIONS WE CAN EXPLORE?		
<input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," please explain below.		
3. IS YOUR ACCOMMODATION(S) REQUEST TIME SENSITIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," please explain below.		
4. IS YOUR REQUEST DUE TO A WORK INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," provide Worker's Compensation claim number below.		
<hr style="width: 25%; margin-left: 0;"/> Worker's Compensation Claim Number		

**SECTION II. QUESTIONS TO DOCUMENT THE REASON FOR ACCOMMODATION(S) REQUEST.**

5. WHAT, IF ANY, JOB FUNCTION(S) ARE YOU HAVING DIFFICULTY PERFORMING?

6. WHAT, IF ANY, EMPLOYMENT BENEFITS ARE YOU HAVING DIFFICULTY ACCESSING?

7. DESCRIBE THE NATURE OF YOUR DISABILITY AND WHICH MAJOR LIFE ACTIVITY YOUR IMPAIRMENT LIMITS. (FOR EXAMPLE: CARING FOR ONESELF, WALKING, HEARING, SEEING, STANDING, SITTING, SPEAKING, BREATHING, LEARNING, THINKING, LIFTING, SLEEPING, CONCENTRATING, REPRODUCTION, INTERACTING WITH OTHERS, PERFORMING MANUAL TASKS, WORKING, ETC).

8. DESCRIBE HOW YOUR CONDITION LIMITS YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF YOUR JOB.

9. HAVE YOU HAD ANY ACCOMMODATIONS IN THE PAST FOR THIS SAME LIMITATION?

Yes  No If "Yes," what were they and how effective were they in the field below?

10. IF YOU ARE REQUESTING A SPECIFIC ACCOMMODATION, HOW WILL THAT ACCOMMODATION ASSIST YOU?

**SECTION III. COMMENTS.**

11. PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT BE USEFUL IN PROCESSING YOUR ACCOMMODATION(S) REQUEST.

EMPLOYEE SIGNATURE:

DATE:

# Appendix B Medical Inquiry in Response to an Accommodation Request

<b>MEDICAL INQUIRY IN RESPONSE TO AN ACCOMMODATION REQUEST</b> <small>For use of this form, see Fort Knox Reg 690-16</small>																						
<b>NOTE: WHEN COMPLETED, THIS FORM CONTAINS PRIVACY ACT PROTECTED INFORMATION.</b>																						
<p>As part of the accommodation process, documentation that an employee has a qualifying disability is required. The Rehabilitation Act of 1973 prohibits employment discrimination in the federal sector against individuals with disabilities. The Americans with Disabilities Act (ADA) of 1990 provides the standards addressing discrimination against individuals with disabilities and defines a qualifying disability as one that fits into one of the following categories:</p> <ul style="list-style-type: none"> <li>- A physical or mental impairment that substantially limits one or more major life activities;</li> <li>- A record of impairment; or</li> <li>- Regarded as having an impairment.</li> </ul> <p>To be eligible for a reasonable accommodation under the ADA, the individual must also be qualified to perform the essential functions of his/her position with or without the accommodation.</p>																						
<p><b>INSTRUCTIONS:</b> This form is designed to provide a method for compliance with this mandate for documentation and should be completed by the employee's diagnosing professional. Please use the space below or attach a letter.</p>																						
EMPLOYEE NAME:	EMPLOYEE WORK PHONE:																					
DIAGNOSING PROFESSIONAL'S NAME:	DIAGNOSING PROFESSIONAL'S WORK PHONE:																					
DIAGNOSING PROFESSIONAL'S TITLE:	DIAGNOSING PROFESSIONAL'S LICENSE #:	DATE:																				
SECTION I. QUESTIONS TO HELP DETERMINE WHETHER AN EMPLOYEE HAS A DISABILITY.																						
<p>1. DOES THE EMPLOYEE HAVE A PHYSICAL OR MENTAL IMPAIRMENT?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," answer questions a through e.</p>																						
<p>a. What is the impairment?</p>																						
<p>b. Is the impairment long term or permanent?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If "No," answer the question below.</p> <p style="padding-left: 20px;">If not permanent, how long will the impairment likely last?</p>																						
<p>c. Does the impairment affect a major life activity?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," what major life activity(s) is/are affected?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Caring for self</td> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Lifting</td> </tr> <tr> <td><input type="checkbox"/> Interacting with others</td> <td><input type="checkbox"/> Standing</td> <td><input type="checkbox"/> Seeing</td> <td><input type="checkbox"/> Sleeping</td> </tr> <tr> <td><input type="checkbox"/> Performing manual tasks</td> <td><input type="checkbox"/> Reaching</td> <td><input type="checkbox"/> Speaking</td> <td><input type="checkbox"/> Concentrating</td> </tr> <tr> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Thinking</td> <td><input type="checkbox"/> Learning</td> <td><input type="checkbox"/> Reproduction</td> </tr> <tr> <td><input type="checkbox"/> Working</td> <td><input type="checkbox"/> Toileting</td> <td><input type="checkbox"/> Sitting</td> <td><input type="checkbox"/> Other (describe below)</td> </tr> </table>			<input type="checkbox"/> Caring for self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Interacting with others	<input type="checkbox"/> Standing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Breathing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Reproduction	<input type="checkbox"/> Working	<input type="checkbox"/> Toileting	<input type="checkbox"/> Sitting	<input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Caring for self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting																			
<input type="checkbox"/> Interacting with others	<input type="checkbox"/> Standing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping																			
<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Concentrating																			
<input type="checkbox"/> Breathing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Reproduction																			
<input type="checkbox"/> Working	<input type="checkbox"/> Toileting	<input type="checkbox"/> Sitting	<input type="checkbox"/> Other (describe below)																			
<p>d. Is the employee substantially limited in one or more of these major life activities?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If "Yes," please explain how the employee is limited.</p>																						
<p>e. Is the employee using/taking any corrective measures (i.e., medications, assistive devices) which mitigate the impairment?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," explain what they are and the extent to which they mitigate the impairment.</p>																						

**SECTION II. QUESTIONS TO HELP DETERMINE WHETHER AN ACCOMMODATION IS NEEDED.**

An employee with a disability is entitled to an accommodation only when accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability. A copy of the employee's job description/essential functions are attached.

2. WHAT LIMITATION(S) IS/ARE INTERFERING WITH JOB PERFORMANCE?

3. WHAT JOB FUNCTION(S) IS/ARE THE EMPLOYEE HAVING TROUBLE PERFORMING BECAUSE OF THE LIMITATION(S)?

4. HOW DOES THE EMPLOYEE'S LIMITATION(S) INTERFERE WITH HIS/HER ABILITY TO PERFORM THE JOB FUNCTION(S)?

**SECTION III. QUESTIONS TO HELP DETERMINE EFFECTIVE ACCOMMODATION OPTIONS.**

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions are used to help determine effective accommodations:

5. DO YOU HAVE ANY SUGGESTIONS REGARDING POSSIBLE ACCOMMODATIONS TO IMPROVE JOB PERFORMANCE?

Yes  No If "Yes," what are they? Explain below.

6. HOW WOULD YOUR SUGGESTION(S) IMPROVE THE EMPLOYEE'S JOB PERFORMANCE?

**SECTION IV. COMMENTS.**

MEDICAL PROFESSIONAL'S SIGNATURE:

DATE:



**SECTION II. REQUEST FOR REASONABLE ACCOMMODATION DENIED.**

6. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED:

7. 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):

8. DETAILED REASON(S) FOR THE DENIAL OF REASONABLE ACCOMMODATION (Must be specific, e.g., why accommodation is ineffective or causes undue hardship).

9. 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 REASONS WHY YOU BELIEVE THE CHOSEN ACCOMMODATION WOULD BE EFFECTIVE AND THE REASON THE INDIVIDUAL REJECTED THE ACCOMMODATION.

**SECTION III. REQUEST FOR RECONSIDERATION.**

10. IF THE INDIVIDUAL WISHES TO REQUEST RECONSIDERATION OF THIS DECISION, HE/SHE MAY TAKE THE FOLLOWING STEPS:

- a. First, ask the decision maker to reconsider his/her denial. Additional information may be presented to support this request.
- b. If the decision maker does not reverse the denial,
  - (1) and the decision maker was the individual's supervisor, the individual can ask the commander/director to do so.
  - (2) and the decision maker was the commander/director, the individual can ask the disability program manager to do so.
  - (3) and the decision maker was the disability program manager, the individual can ask the Equal Employment Opportunity Officer to do so.

11. IF AN INDIVIDUAL WISHES TO FILE AN EEO COMPLAINT OR PURSUE MERIT SYSTEMS PROTECTION BOARD AND UNION GRIEVANCE PROCEDURES, HE/SHE MUST TAKE THE FOLLOWING STEPS:

- a. For an EEO complaint pursuant to 29 CFR 1614, contact an EEO counselor in the EEO office **within 45 days from this notice of Denial of Reasonable Accommodation**; or
- b. For a Collective Bargaining Claim, file a written grievance in accordance with the provisions of the Labor Management Agreement; or
- c. Initiate an appeal to the Merit Systems Protection Board **within 30 days of an appealable adverse action** as defined in C. F. R. 1201.3.

DECIDING OFFICIAL PRINTED NAME AND TITLE:

DECIDING OFFICIAL SIGNATURE:

DATE DENIED: