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REASONABLE ACCOMMODATION REQUEST CHECKLIST

For use of this form, see Standard Operating Procedure (*SOP*) for Reasonable Accommodations for Individuals with Disabilities, Dated 16 May 2011; the proponent agency is CEEO.

PRIVACY ACT STATEMENT

The information you provide is covered by the Privacy Act of 1974, Title 5, U.S.C. 552a.

AUTHORITY: Collection of this information is authorized by Section 504 of the Rehabilitation Act of 1973, as amended 29 U.S.C. 794.

PRINCIPAL PURPOSE: Used for processing requests for reasonable accommodation by Department of the Army civilian employees and applicants for employment.

ROUTINE USES: Information will be used for support documentation and for review by appropriate agency personnel for requests for reasonable accommodation as defined in the USACE Reasonable Accommodation Request SOP.

DISCLOSURE: Voluntary, however, failure to complete all appropriate portions of the form may lead to a delay in processing and / or denial of requests for reasonable accommodation on the basis of inadequate data.

FOR MANAGEMENT'S USE IN PROCESSING EMPLOYEE REQUEST.

1a. NAME *(Last, First MI)* / JOB TITLE OF EMPLOYEE REQUESTING REASONABLE ACCOMMODATION.

b. THE REQUEST FOR ACCOMMODATION IS WRITTEN (☐ *attached copy*) OR ORAL (☐ *attached supervisor's documentation*) AND IS DATED

(*YYYYMMDD*) (*share and coordinate information with Legal Counsel*).

c. IF SOMEONE OTHER THAN THE EMPLOYEE DESIRING A REASONABLE ACCOMMODATION IS MAKING THE REQUEST, PROVIDE NAME *(Last, First MI)* / ADDRESS / TELEPHONE NUMBER AND RELATIONSHIP OF PERSON *(Representative).*

2a. EMPLOYEE'S STATED ACCOMMODATION.

b. DESCRIBE THE NATURE OF THE DISABILITY.

c. IS THE DISABILITY AND NEED FOR ACCOMMODATION OBVIOUS? ☐ YES ☐ NO

d. HAS THE EMPLOYEE PROVIDED MEDICAL INFORMATION RELATIVE TO STATED DISABILITY IN THE PAST? ☐ YES ☐ NO

3. MEETING WITH THE EMPLOYEE.

a. IS A MEETING NEEDED TO CLARIFY NEEDS? *(Coordinate with Legal Counsel as to requirements).* ☐ YES ☐ NO

b. COORDINATE WITH CPAC BEFORE MEETING WITH EMPLOYEE TO DETERMINE OBLIGATION TO INVITE BARGAINING UNIT REPRESENTATIVE.

DATE (*YYYYMMDD*) COORDINATED _____

☐ c. ATTACH NARRATIVE DESCRIBING DISCUSSION WITH EMPLOYEE, *(include job duties that are affected, if the duties are essential elements the options and accommodation options discussed).*

d. LIST OF POSSIBLE ACCOMMODATIONS *(Discuss with chain of command, Legal Counsel, EEO, CPAC, bargaining unit representatives (where appropriate)).*

4a. COORDINATION WITH EEO OFFICE. DATE (*YYYYMMDD*) CONTACTED. BRIEF NARRATIVE DESCRIBING DISCUSSION. MAY INCLUDE:

b. DOES THE EMPLOYEE HAVE A PHYSICAL OR MENTAL DISABILITY THAT SUBSTANTIALLY LIMITS ONE OR MORE OF THE MAJOR LIFE ACTIVITIES?
☐ YES ☐ NO

c. WHICH OF THE ACCOMMODATIONS BEING DISCUSSED ARE AVAILABLE / REASONABLE?

d. IS THERE A NEED TO CONSULT WITH A RESOURCE OUTSIDE THE AGENCY? ☐ YES ☐ NO

e. WHO HAS CONTROL OVER THE RESOURCES?

f. WHO WILL MAKE THE DECISION?

g. MUST THE BARGAINING UNIT BE NOTIFIED BEFORE IMPLEMENTING THE ACCOMMODATION? ☐ YES ☐ NO

5. ALTERNATIVE ACTIONS / ACCOMMODATIONS RECOMMENDATIONS: WOULD ANY OF THE LISTED ACCOMMODATIONS CAUSE UNDUE HARDSHIP? *(Generalized conclusions will not suffice to support a claim of undue hardship. Undue hardship must be based on an individualized assessment of current circumstances that show a specific reason accommodation would cause significant difficulty or expense to the Army - if so, briefly explain).*

6. ACCOMMODATION(s) CHOSEN, IF ANY *(explain reason for choice):*

7. COORDINATE WITH OTHER APPROPRIATE ORGANIZATIONAL ELEMENTS *(Legal Counsel, EEO, Occupational Health, CPAC).* IF ANY OF THE POSSIBLE ACCOMMODATIONS REQUIRE RESOURCES, WHICH ARE OUTSIDE THE CONTROL OF THE SUPERVISOR, FACILITIES AND FISCAL MANAGERS SHOULD BE INCLUDED.

8. EFFECTIVE DATE *(YYYYMMDD)* FOR THE REASONABLE ACCOMMODATION

9. ANY ADDITIONAL NOTES NECESSARY TO PROCESS AND REPORT TO EEO.