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REQUEST FOR REASONABLE ACCOMMODATION

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.

TO BE COMPLETED BY EMPLOYEE OR APPLICANT.

1. REQUESTOR'S NAME *(Last, First MI)*	2. HOME TELEPHONE NUMBER	3. WORK TELEPHONE NUMBER
4. ORGANIZATION		
5. POSITION / TITLE	6. JOB SERIES	7. GRADE
8. SUPERVISOR'S NAME *(Last, First MI)*	9. WORK TELEPHONE NUMBER	

10. I AM A PERSON WITH A DISABILITY, WHO IS REQUESTING A REASONABLE ACCOMMODATION UNDER THE REHABILITATION ACT OF 1973, AS AMENDED. THE ACCOMMODATION IS REQUESTED BECAUSE I HAVE THE MEDICAL CONDITION(*s*) DESCRIBED BELOW.

11. MY DISABILITY AFFECTS THE FOLLOWING MAJOR LIFE ACTIVITY AND I AM UNABLE TO COMPLETE CERTAIN JOB FUNCTIONS REQUIRED IN MY CURRENT POSITION OR NEED SOME ADJUSTMENTS IN MY WORK ENVIRONMENT OR IN THE APPLICATION PROCESS.

12. I AM REQUESTING THE FOLLOWING ACCOMMODATION(*s*).

SIGNATURE CERTIFICATIONS

13. COMPLETED BY	☐ a. REQUESTOR	☐ b. REPRESENTATIVE
14a. REQUESTOR OR REPRESENTATIVE *(Last, First MI)*	b. DATE *(YYYYMMDD)*	c. REQUESTOR'S OR REPRESENTATIVES SIGNATURE
15. RECEIVED BY	☐ a. SUPERVISOR	☐ b. EEO OFFICIAL
16a. SUPERVISOR OR EEO OFFICIAL *(Last, First MI)*	b. DATE RECEIVED *(YYYYMMDD)*	c. SUPERVISOR'S OR EEO OFFICIAL'S SIGNATURE

Reasonable Accommodation Request Resource

· A discussion between management and an employee as part of the interactive process to discuss or clarify the employee's need for an accommodation or to explore potential accommodations might include topics such as the following (*as applicable to the particular situation*):

· How is the employee's ability to perform job duties affected by the medical condition?

· Which job duties are affected?

· What suggestions does the employee have for accommodation? Is there more than one accommodation that would allow the employee to perform the essential functions of the position?

· If a meeting with the employee is needed as part of the interactive process, has the Civilian Personnel Advisory Center (*CPAC*) coordinated with the employee's bargaining unit representative (*if applicable*)?

· Which, if any, of the accommodations being considered are available? Which are reasonable?

· Is there a need to consult with a resource specializing in rehabilitation and accommodation issues, such as the Computer / Electronic Accommodations Program (*CAP*) officials?

· Is any coordination needed with facilities or fiscal managers?

· Prior to implementing a reasonable accommodation, has the CPAC coordinated with the employee's bargaining unit representative (*if applicable*)?

· Has the Disability Program Manager been consulted prior to requesting medical information?

· Has the servicing agency attorney / labor counselor conducted a legal review prior to the denial of a requested accommodation or the particular accommodation requested?

USACE EEO, Standard Operating Procedure (*SOP*) for Reasonable Accommodations for Individuals with Disabilities, dated 16 May 2011.

Supporting Forms of Procedural Documentation:

1. ENG FORM 6042 Request for Reasonable Accommodation JUN 2012
2. ENG FORM 6042-1 Medical Information Sheet JUN 2012
3. ENG FORM 6042-2 Reasonable Accommodation Request Checklist JUN 2012
4. ENG FORM 6042-3 Request for Reasonable Accommodation Confirmation JUN 2012
5. ENG FORM 6042-4 Denial of Accommodation Request JUN 2012
6. ENG FORM 6042-5 Authorization to Release Medical Records and Information JUN 2012