

REQUEST FOR REASONABLE ACCOMMODATION

(Before completing this form, read Privacy Act Statement and Instructions attached)

Section A. Employee/Applicant Information

1. Name	2. Social Security Number	3. Grade
4. Position title	5. Bureau/Office and Division (as applicable)	
6. RRB work address (or applicant's home address)		7. Work telephone number

8. Disability/Condition for which accommodation is requested

9. Type of accommodation requested

10. Justification for accommodation requested

11. Is medical documentation attached?

Yes No Comments:

12. I hereby certify that all statements made above are true to the best of my knowledge and belief. I understand that information about my request for reasonable accommodation may be released to authorized agency officials, and that falsification of information on this form may be grounds for disciplinary action.

Employee/Applicant signature	Date
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Section B. Management Actions

1. Is medical documentation required? Yes No Comments

2. If documentation required, is it adequate? Yes No Comments

3. Summary of "interactive process"

Section B. Management Actions (cont'd)

4.a. Recommendation and comments of supervisor/staffing specialist

Recommend approval Recommend denial

b. Name

c. Title

d. Signature

e. Date

5.a. Bureau/Office Head actions and comments

Approved Denied Recommend denial

b. Name

c. Title

d. Signature

e. Date

6.a. Executive Committee Member actions and comments

Approved Denied

b. Name

c. Title

d. Signature

e. Date

Section C. Final Action

1. Date Employee/Applicant received accommodation, if approved

2.a Reasonable Accommodation Coordinator comments

b. Name

c. Title

d. Signature

e. Date

PRIVACY ACT STATEMENT

(Employee/Applicant: Read this information before submitting your request)

The Railroad Retirement Board (RRB) is authorized to collect the information requested in this form by Section 501 of the Rehabilitation Act of 1973, as amended, 29 CFR 791, and by Executive Order 13164.

The information you provide will be used primarily to facilitate the processing of your request for reasonable accommodation and will also be used to compile statistical reports on the number and types of such requests received by the RRB. In addition, the RRB may be required to disclose information to appropriate federal, state and local agencies in relation to civil criminal or regulatory investigations or prosecutions, when necessary to adjudicate a claim for benefits or to comply with a law governing the reporting of communicable diseases; to a federal agency in connection with a decision in hiring, retention or the granting of security clearance; or to a federal agency, court or a party in litigation when the RRB is a party to the proceeding or served with a subpoena.

Furnishing the requested information is voluntary; however, failure to fully complete the form—or otherwise provide the information requested—may make it impossible for the RRB to process your request for reasonable accommodation.

NOTICE TO EMPLOYEE/APPLICANT

If your accommodation request is denied, you have the right to file a discrimination complaint with the RRB's Office of Equal Opportunity (OEO). To file a complaint, contact OEO at (312) 751-4943 or 4942.

If your request is denied, you may also have the right to file a grievance under the collective bargaining agreement or the RRB's administrative grievance procedure. Information about these procedures will be included in the denial notice, or you may contact the Employee and Labor Relations Section in the Bureau of Human Resources at (312) 751-4569.

INSTRUCTIONS FOR COMPLETION OF RRB FORM G-142

(Note: Additional sheets may be attached to form for any questions needing more space for response.)

Section A.

- 1-2. Self-explanatory.
- 3-5. **Employee:** provide information for employee's current position. **Applicant:** provide information for the position applied for.
6. Self-explanatory.
7. **Employee:** show work number. **Applicant:** show daytime telephone number.
8. Describe the condition for which you are requesting accommodation and (for employees) how it affects your ability to perform the job or (for applicants) how it impacts your ability to complete the job application process.
9. Identify suggested accommodation and alternative(s), where possible. If appropriate accommodation is not known, please explain.
10. Describe the current employment situation (or aspect of application process for which accommodation is requested) and state how the requested accommodation will eliminate barriers to full employment opportunity.
11. Explain what medical documentation is provided to support request. If none, so indicate.
12. Self-explanatory. If unable to sign (e.g., in hospital), supervisor or other party initiating request on behalf of individual may sign for him/her.

Section B.

1. Discuss whether employee/applicant will be required to supply medical evidence to support request.
2. Discuss whether documentation provided is sufficient. If not, explain what more is required and why.
3. Summarize contacts with employee/applicant about recommendation requested, documentation required, etc.
4. Official who initiates processing the request should discuss recommendation and forward to his/her bureau/office head for approval.
5. Bureau/office head should discuss his/her decision on the request and, if recommending denial, forward to respective Executive Committee Member, as applicable, for decision.
6. Self-explanatory.

Section C.

- 1-2. Self-explanatory.

**Please direct any questions about completion of this form to
the RRB's Reasonable Accommodation Coordinator in
the Bureau of Human Resources.**