

CAUTION:

**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**

Agency Certification of Reassignment and Accommodation Efforts

In Connection With Disability Retirement Under the Civil Service Retirement System and the Federal Employees' Retirement System

Civil Service
Retirement System

Federal Employees'
Retirement System

Form Approved:
OMB No. 3206-0228

Instructions

The Coordinator for Employment of the Handicapped should review the Applicant's Statement, the Supervisor's Statement, the Physician's Statement, and any other relevant documentation on file to determine if reasonable accommodation will enable the employee to perform fully successful service in his or her current position or whether a vacant position is available in the agency, at the same grade or pay level in the same commuting area, for which the employee is qualified for reassignment. Take special note of the Supervisor's Statement and resolve any discrepancies between the information on that form and this form. Telephone numbers for the applicant, the supervisor, and the physician may be found on their respective statements, should it be necessary to contact them for further information.

If the employee is eligible to retire voluntarily, the employee should be advised of that fact. In general there is no difference in the payment to a disabled annuitant and an optionally retired annuitant, nor are there Federal tax advantages for a disability retiree.

All items must be completed. In items 4, 5, and 6, if you check a box that requires additional explanation, please provide the explanation and/or attachment. This will enable us to process the application without delay.

Accommodation (item 4) - Guidance for determining reasonable accommodations may be found in 29 CFR 1614.203(c).

The documentation supporting your response to item 4 must include an assessment of the functional and environmental factors related to the employee's inability to perform at the fully successful level, unless there are no medical restrictions.

Reassignment (item 5) - Guidance related to reassignment of an applicant for disability retirement is published in OPM's "CSRS and FERS Handbook for Personnel and Payroll Offices."

After completing and certifying this form, please attach the appropriate documentation and return the original to the employee or to your personnel office according to instructions and practices in your agency. In either case, *a copy must be given to the employee*. Please *do not* send the form directly to OPM unless OPM specifically requested you to do so in this case.

You agency's obligation to continue to try to accommodate or reassign the employee does not cease with the filing of this certification. Your efforts should continue. If the accommodation or reassignment situation changes after the original filing of the certification, you must notify OPM of the changes.

OPM may contact you for additional information or clarification.

To be completed by Coordinator for Employment of the Handicapped or other authorized agency official *See instructions at the top of this page*

1. Name of applicant (<i>last, first, middle</i>)	2. Date of birth (<i>mo./day/yr.</i>)	3. Social security number
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4. Has reasonable effort for accommodation been made? (*You must check one statement below.*)

No, the medical evidence presented to the agency shows that accommodation is not possible due to severity of medical conditions and the physical requirements of the position. (*Attach copies of all medical evidence supporting the statement and explain why conditions prohibit accommodation. Also, provide a detailed statement of the physical requirements of the position.*) *Employees should be counseled concerning the following: The fact that your agency has determined accommodation to be unavailable due to status of a medical condition or due to restriction imposed by a physician does not guarantee that OPM will reach the same decisions about the approval of a disability retirement application.*

No, the employee's condition does not appear to require accommodation. Medical information presented to agency does not document a disabling medical condition.

Yes, describe below accommodation efforts made, attach supporting documentation and provide narrative analysis of any unsuccessful accommodation efforts.

Continued on reverse

5. Results of agency reassignment efforts (*You must check one statement below.*)

Reassignment is not necessary because employee's performance is fully successful and there are no medical restrictions which keep the employee from performing critical duties or from attending work altogether.

Reassignment is not possible. There are no vacant positions at this agency, at the same grade or pay level and tenure within the same commuting area, for which the employee meets minimum qualifications standards.

The employee declined reassignment to a vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area, for which the employee meets minimum qualifications. (*Attach a copy of any reassignment offers.*)

The agency did not reassign the employee to the vacant position(s) in this agency, at the same grade or pay level and tenure within the same commuting area, for which the employee meets minimum qualifications. The position(s) identified and reason(s) for non-assignment are shown below.

Position Title	Reason for Non-Reassignment or Non-Selection*

**If the employee's medical condition precludes reassignment to the position, attach documentation. If the reason for non-selection is intended removal, attach a copy of the removal notice to the employee.*

6. Is the employee currently occupying a temporary position?

No, the employee is occupying a permanent position.

Not applicable, the employee is no longer an employee of the agency.

Yes, state below the nature of these duties, the reason for the temporary status, and length of time the agency expects the employee to occupy this position.

Certification by Coordinator for Employment of the Handicapped or other authorized agency official

7. **I certify that this statement is true to the best of my knowledge and belief.**

7a. Signature of responsible agency official	7b. Title of responsible agency official	
7c. Name of responsible agency official (<i>type or print legibly</i>)	7d. Date (<i>mo./day/yr.</i>)	7e. Telephone number (<i>including area code</i>)

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