



REASONABLE ACCOMMODATION CHECKLIST

THE FOLLOWING CHECKLIST IS TO BE COMPLETED BY THE DMO OR LRAC WHO WILL BE EVALUATING AN ACCOMMODATION REQUEST. IF COMPLETED BY THE DMO, PLEASE RETURN TO THE LRAC.

SECTION A: BASIC INFORMATION REGARDING THE REQUEST

1. NAME OF REQUESTOR (Last, First, Middle Initial) 2. DATE REQUEST SUBMITTED (MM/DD/YYYY) 3. EMPLOYING SERVICE AND FACILITY 4. CURRENT JOB TITLE/POSITION DESCRIPTION NUMBER 5. PAY PLAN (Series, Grade, Step) 6. IMMEDIATE SUPERVISOR'S NAME 7. IMMEDIATE SUPERVISOR'S PHONE NUMBER 8. WHAT ACCOMMODATION(S) WERE REQUESTED? READER FACILITY ACCESSIBILITY INTERPRETER FLEXIBLE LEAVE POLICY ASSISTIVE TECHNOLOGY JOB RESTRUCTURING EXAMINATION/TRAINING MATERIAL MODIFICATIONS MODIFIED WORK SCHEDULE REASSIGNMENT OTHER (Specify)

SECTION B - DETERMINATION AS TO WHETHER REQUESTOR IS A "QUALIFIED" INDIVIDUAL (If you have previously determined that the Requestor is a "Qualified" Individual, go to Section C.)

1. If the requested accommodation is provided, is it reasonable to expect that the individual will be able to perform the essential functions of the job? (If "No", please complete Section B and skip to sections F and G.) YES NO 2. Does any job qualification standards screen out the requestor on the basis of disability? YES NO 2a. If "Yes", explain what those job qualification standard(s) are and how they screen out the Requestor. 2b. Are the job standards in question job related and consistent with business necessity? (If "Yes", explain how the standard is job related and necessary, and what information was used to make this determination (agency's opinion, position description, amount of time expected to perform the function, consequences of not requiring the requestor to perform the function, production standards, terms of a collective bargaining agreement, nature of work operation, other). If the job standard is not essential, remove the standard from the position description and proceed with the accommodation request, if the accommodation is still needed once the job standard is removed.) YES NO 3. Does the Requestor have the qualifications (skills, education, experience) needed for this position? (If "No", please go to Section F.) YES NO

SECTION C - DETERMINATION WHETHER REQUESTOR IS AN "INDIVIDUAL WITH A DISABILITY"

1. Does the Requestor have a substantially limiting disability that is visible or for which documentation was submitted to VA in the past? (If "Yes", go to Section D.) YES NO 2. Does the Requestor have a physical or mental impairment? (If "Yes", what is the impairment) YES NO 3. Does the Requestor's disability substantially limit his/her ability to perform a major life activity? (Note: In responding to this question, consider the requestor's limitations without including any corrective measures the requestor may have taken. Consider limitations even if they are episodic or in remission at the time of the request.) YES NO 3a. If "Yes", which Activity? (See Attachment 1) 3b. Has the Requestor provided medical documentation that supports the claim of substantial limitation? (If "No", and the disability is not obvious, request medical documentation) YES NO 3c. What medical restrictions, if any, related to the accommodation request have been imposed on the Requestor as a result of his/her disability and how long are those restrictions expected to last?

4. Does the Requestor have a record of a substantially limiting impairment? <i>(If "Yes", what evidence has Requestor provided of a record of such impairment?)</i>	YES	NO
5. Is the Requestor a "Qualified Individual with a Disability" as defined by the Rehabilitation Act? <i>(Respond "Yes" only if the response to questions B1, B3, and C2 or C3 were "Yes".)</i>	YES	NO
SECTION D - DIRECT THREAT DETERMINATION		
1. Would continuing to employ the Requestor, or hire the Applicant, even when accommodation is provided, pose a direct threat to the health and/or safety of the Requestor and/or others? <i>(If "No", go on to Section E.)</i>	YES	NO
2. What is the exact nature and severity of the potential harm LOSS OF LIFE SIGNIFICANT BODILY INJURY TO OTHERS OTHER <i>(Specify)</i> LOSS OF LIMB CONTRACTING AN ILLNESS SIGNIFICANT BODILY INJURY TO SELF TRANSMITTING AN ILLNESS TO OTHERS <i>(applies to food handlers only)</i>		
3. Is the risk assessment based on objective medical/factual evidence specific to the Requestor? <i>(If "Yes", describe the source and content of the evidence)</i>	YES	NO
4. Is it highly probable that the potential harm will occur? <i>(If "Yes", describe the evidence related to requestor that supports the response)</i>	YES	NO
5. If potential harm or risk is deemed to be a probability, can it be eliminated or reduced to an acceptable level by granting the accommodation request? <i>(If "No", explain why not)</i>	YES	NO
SECTION E - UNDUE HARDSHIP DETERMINATION		
1. Does management claim that providing the requested accommodation will cause an undue hardship for the agency or organization?	YES	NO
1a. If "Yes", what is the specific nature of the undue hardship claim? Accommodation(s) requested too costly <i>(Note: The total VA budget must be considered. ODI's Centralized Fund can be used to reimburse the cost of accommodations not provided by DoD's CAP.)</i> Providing the accommodation would have a negative impact on the organization's ability to meet deadlines and/or production standards <i>(Please specify deadlines and/or production standards)</i> Providing the accommodation requested would lead to inability to provide adequate staffing or patient care Providing the accommodation requested would require other staffers to take on additional work or work overtime Providing the accommodation requested would negatively impact other employees' ability to perform their own duties and/or facility's ability to conduct business The employee would pose a direct threat, even after accommodation is provided Other <i>(Please Explain)</i>		
1b. Explain the exact nature of the undue hardship in detail		
2. The DMO or LRAC must consult with VACO's OGC or ODI before denying a request for accommodation.		
SECTION F - REASONABLE ACCOMMODATION DETERMINATION		
1. Is the Requestor a "Qualified Individual?" <i>(If the requested accommodation is provided, is it reasonable to expect that the individual will be able to perform the essential functions of the job? Respond "Yes" if the response to B1 or B3 was "Yes".)</i>	YES	NO
2. Is the Requestor an "Individual with a Disability" as defined by the Rehabilitation Act? <i>(Respond "Yes" if the response to C1 or C4 was "Yes".)</i>	YES	NO
3. Can the Requestor be provided with an accommodation that will allow him/her to apply for a job, perform the essential functions of his/her current position, or enjoy the benefits and privileges of employment? <i>(If "No", please complete Section G then return to Section F if the employee will be reassigned.)</i>	YES	NO

4. What accommodation(s) will be offered?

SECTION G - JOB REASSIGNMENT

NOTE: This section applies only to employees. Job applicants are not eligible for a job reassignment as an accommodation. If Requestor is a current employee who has successfully performed duties in his/her current position, but now cannot perform the essential functions of the job with or without an accommodation, complete this section.

1. Is the Requestor eligible for a reassignment? *(If "Yes", what vacant, funded existing positions can or have been offered to the Requestor)* YES NO

2. Is the Requestor willing to consider a position that is

OUTSIDE HIS/HER CURRENT GEOGRAPHIC AREA	AT A LOWER PAY GRADE	PART TIME
IN ANOTHER VA ORGANIZATION	IF A TITLE 38 EMPLOYEE, A TITLE 5 POSITION	IN ANOTHER JOB SERIES FOR WHICH THE REQUESTOR IS QUALIFIED

3. Describe in detail the agency's efforts to locate a reassignment position for the Requestor.

4. If possible reassignment positions were identified and offered to the Requestor, what job assignment did the Requestor accept or reject?

SECTION H - RESOURCES

1. What sources of technical assistance, if any, were consulted?

2. Was the accommodation provided by the Computer Assistance Program (CAP) at the U.S. Defense Department? *(If "No", complete questions 2a and 2b)* YES NO

2a. What was the cost of the accommodation?

2b. What was the source of funds for the accommodation?

This form should be retained separately from the employee's Official Personnel Folder.

REASONABLE ACCOMMODATION CHECKLIST

Attachment 1 - Examples of Major Life Activities

WALKING

STANDING

SITTING

SEEING

HEARING

CARING FOR ONE'S SELF

INTERACTING WITH OTHERS

SPEAKING

BREATHING

COGNITIVE THINKING

PERFORMING MANUAL TASKS

WORKING

FUNCTIONS OF THE IMMUNE SYSTEM

NORMAL CELL GROWTH

DIGESTIVE FUNCTIONS

REPRODUCING SAFELY

BOWEL FUNCTIONS

BLADDER FUNCTIONS

NEUROLOGICAL FUNCTIONS

BRAIN FUNCTIONS

RESPIRATORY FUNCTIONS

CIRCULATORY FUNCTIONS

ENDOCRINE FUNCTION