



INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
400 ARMY NAVY DRIVE
ARLINGTON, VIRGINIA 22202-4704

March 20, 2006

INSPECTOR GENERAL INSTRUCTION 1440.2

SUBJECT: Procedures for Providing Reasonable Accommodation for Qualified Individuals with Disabilities

References:

- (a) Rehabilitation Act of 1973
- (b) Chapter 126 of Title 42, United States Code, "Equal Opportunities for Individuals with Disabilities"
- (c) Part 1630 of Title 29, Code of Federal Regulations, "Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act"
- (d) Equal Employment Opportunity Commission's Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act
- (e) Executive Order 13164, "Establishing Procedures to Facilitate the Provision of Reasonable Accommodation"

A. Purpose. This Instruction implements the Department of Defense Office of Inspector General (DoD OIG) policy concerning providing reasonable accommodation for individuals with disabilities. The DoD OIG is committed to providing reasonable accommodations to its employees and applicants for employment to assure that individuals with disabilities enjoy full access to equal employment opportunity.

B. Applicability. This Instruction applies to civilian employees of the DoD OIG and applicants for employment.

C. Definitions. Throughout this guidance, the following terms are used that may not be familiar to readers:

1. **Disability.** A physical or mental impairment that substantially limits one or more of the major life activities of an individual (42 U.S.C. 12102 (2)). According to the Equal Employment Opportunity Commission's (EEOC) regulations, a physical impairment is a physiological disorder or condition, cosmetic disfigurement or anatomical loss that affects one or more of the following body systems:

- a. Neurological,
- b. Musculoskeletal,

- c. Special sense organs,
- d. Respiratory (including speech organs),
- e. Cardiovascular,
- f. Reproductive,
- g. Digestive,
- h. Genito-urinary,
- i. Hemic and lymphatic,
- j. Skin, and
- k. Endocrine (29 C.F.R. Part 1630.2(h)(1)).

A mental impairment is a mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities (29 C.F.R. Part 1630.2(h)(2)).

2. **Reasonable Accommodation.** Any change in the work environment or in the way things are customarily done that would enable a qualified individual with a disability to enjoy equal employment opportunities.

3. **Qualified Individual with a Disability.** An individual with a disability is qualified if: (1) he or she satisfies the requisite skill, experience, education, and other job-related requirements of the position; and (2) he or she can perform the essential functions of the position, with or without reasonable accommodation.

4. **Essential Functions.** Those job duties that are so fundamental to the position that the individual holds or desires that he or she cannot do the job without performing them. A function can be “essential” if, among other things: (1) the position exists specifically to perform that function; (2) there are a limited number of other employees who could perform the function; or (3) the function is specialized and the individual is hired based on his or her ability to perform it. Determination of the essential functions of a position must be done on a case-by-case basis so that it reflects the job as actually performed, and not simply the components of a generic position description.

5. **Reassignment.** Reassignment is a form of reasonable accommodation that, absent undue hardship, is provided to employees (not applicants) who, because of a disability, can no longer perform the essential functions of their job, with or without reasonable accommodation.

Reassignments are made only to vacant positions and to employees who are qualified for the new position. If the employee is qualified for the position, he/she will be reassigned to the job and will not have to compete for it. The agency is not required to reassign an employee into a higher graded position as an accommodation.

6. **Undue Hardship.** If a specific type of reasonable accommodation causes significant difficulty or expense, the DoD OIG does not have to provide that particular accommodation. Determination of undue hardship is always made on a case-by-case basis, considering factors that include the nature and cost of the reasonable accommodation needed and the impact of the reasonable accommodation on the operations of the agency.

D. Policy

1. The DoD OIG policy is to fully comply with the reasonable accommodation requirements of the Rehabilitation Act of 1973. Under the law, Federal agencies must provide reasonable accommodation to qualified employees or applicants with disabilities unless to do so would cause undue hardship. The DoD OIG provides reasonable accommodations as follows:

- a. When an applicant with a disability needs an accommodation in order to be considered for a job,
- b. When an employee with a disability needs an accommodation to enable him or her to perform the essential functions of the job or to gain access to the workplace, and
- c. When an employee with a disability needs an accommodation to enjoy equal benefits and privileges of employment.

2. The DoD OIG will process requests for reasonable accommodation and, where appropriate, provide reasonable accommodation to the employee or job applicant in a prompt, fair, and efficient manner.

3. Employees may refer to the EEOC “Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act” (available at www.eeoc.gov) for additional information on the rights and responsibilities of applicants and employees requesting reasonable accommodation, and the responsibilities of Federal agencies in responding to those requests.

4. As a model employer, the DoD OIG may take steps, as appropriate, beyond those required by the reasonable accommodation process.

E. Responsibilities

1. The **Inspector General** will:

- a. Ensure implementation of Reasonable Accommodations Procedures.
- b. Promote the use of Reasonable Accommodations throughout the agency.
- c. Monitor the progress of all program elements in the procedures.
- d. Provide sufficient resources to fulfill the responsibilities enumerated within.

2. The **OIG Component Heads** will:

- a. Ensure that the Reasonable Accommodations Procedures are disseminated widely and that they are understood and implemented at all levels of their component.
- b. Actively support and promote the procedures and remain informed of, and sensitive to, the reasonable accommodations made in his or her respective areas of responsibility.
- c. Ensure that all employees and managers comply with the Reasonable Accommodations Procedures.

3. The **Human Capital Advisory Services (HCAS)** will:

- a. Ensure applicants for employment receive the reasonable accommodations necessary to apply for positions within the DoD OIG.
- b. Advise and assist supervisors and managers on any requests for reasonable accommodation in conjunction with the investigation or initiation of disciplinary, adverse, or performance based actions.
- c. Compile data for the Director, Equal Employment Opportunity (EEO) on requests for reasonable accommodation from applicants for employment.

4. The **Director, EEO** will:

- a. Exercise overall responsibility for managing the Reasonable Accommodation Procedures.
- b. Institute a process that ensures the OIG employees are made aware of the Reasonable Accommodation procedures.
- c. Monitor the progress and results of all elements of requests for reasonable accommodations.
- d. Provide EEO advice to the Inspector General, the OIG Component Heads, supervisors, and employees regarding reasonable accommodations.

e. Compile and maintain data for reporting requirements to Congress, the Equal Employment Opportunity Commission (EEOC) and the Office of the Principal Deputy Under Secretary of Defense (Personnel and Readiness) (PDUSD(P&R)) regarding the agency's reasonable accommodation activity.

5. The **Supervisor** will:

a. Process, approve or disapprove requests for reasonable accommodations, except for personnel actions or other actions outside the scope of the supervisor's control such as in the case of an applicant for employment.

b. Ensure the "Request for Reasonable Accommodation Form" is completed and forwarded to the EEO Office for record keeping purposes.

c. Advise the employee when medical documentation is required to support the request for Reasonable Accommodation.

d. Protect the employee's right to privacy; information related to the accommodation should be shared only on a need to know basis.

F. Procedures

1. Request for Reasonable Accommodation

a. The reasonable accommodation process begins when an employee, applicant, or their representative requests, because of a disability, an adjustment or modification that will enable the individual to perform the essential functions of the position, to complete the application process, or to allow them to enjoy a benefit or privilege of employment. A health care professional, family member, or other representative may make a request on an employee or applicant's behalf. Whenever possible the DoD OIG will confirm the request with the individual. The requests can be made orally or in writing to the below agency officials. However, any agency official receiving the request, other than the first or second line supervisor, will ensure the request is promptly forwarded to the first line supervisor for action.

(1) An employee's first line supervisor, or

(2) An employee's second line supervisor, or

(3) Director, HCAS, OCoS, or

(4) The Equal Employment Opportunity Office.

(5) Applicants for Employment should contact the Human Resources Specialist responsible for the recruitment or selection process.

b. A request does not have to use any special words, such as “reasonable accommodation”, “disability”, or “Rehabilitation Act”. Employees may consult with the EEO office for further information or assistance in connection with requesting or processing a request for reasonable accommodation.

2. Written Request for Record Keeping Purposes

a. To enable the agency to keep accurate records regarding requests for accommodation, employees seeking a reasonable accommodation must follow up an oral request by completing the “Employee Reasonable Accommodation Request” form. (See Appendix A.)

b. While the written confirmation should be made as soon as possible following the request, it is not a requirement for the request itself. The DoD OIG will begin processing the request as soon as it is made, whether or not the written confirmation has been provided.

c. A written confirmation is not required in every instance when an individual needs a reasonable accommodation on a recurring basis (e.g., the assistance of sign language interpreters or readers). The written form is required for the first request, although, appropriate notice must be given each time the accommodation is needed. (See Appendix B for information on requesting sign language interpretive services).

3. Timeframes for Processing Request

a. The amount of time it takes to respond to a request for reasonable accommodation will depend on the nature of the accommodation and whether it is necessary to obtain supporting medical information.

b. The time limit should be as short as possible. These procedures permit the DoD OIG absent extenuating circumstances, up to 15 business days to approve or reject requests for reasonable accommodation. However, where a particular reasonable accommodation can be provided in less time than is authorized under these procedures, the failure to respond promptly to the request may result in a violation of the Rehabilitation Act of 1973.

c. If a DoD OIG official other than the employee’s first line supervisor or second line supervisor initially receives the request, the official must forward it to the employee’s first line supervisor or second line supervisor within 2 business days from the date he/she received it. If the accommodation is approved, it will be normally provided within the 15-day period, unless extenuating circumstances delay implementation. Certain extenuating circumstances may delay providing reasonable accommodations within the time frame listed above. In these situations, agency managers must consider temporary accommodations and provide them when possible. Extenuating circumstances are factors that could not reasonably have been anticipated or avoided in advance of the request for accommodation. When extenuating circumstances are present, the time for processing a request for reasonable accommodation and providing the accommodation will be extended as reasonably necessary. The following are some examples of extenuating circumstances:

(1) There is an outstanding initial or follow-up request for medical information, or the DoD OIG officials are evaluating medical information that has been provided; or

(2) The purchase of equipment may take longer than 15 business days because of requirements under the Federal Acquisition Regulation; or

(3) Equipment must be back-ordered, the vendor typically used for goods or services has unexpectedly gone out of business, or the vendor cannot promptly supply the needed goods or services and another vendor is not immediately available; or

(4) New staff needs to be hired or contracted for, or an accommodation involves the removal of architectural barriers or reconfiguration of working space.

d. The EEO Office and the HCAS are responsible for training staff that is involved in the application process to recognize requests for reasonable accommodation and to handle them appropriately. Field office directors also should ensure that all staff, having contact with applicants, understands how to recognize and handle requests for reasonable accommodation.

4. Request for Computer and/or Electronic Equipment

a. Requests for computer and/or electronic equipment (such as TTY's, modified computer screens or peripherals, specialized software - voice-activated, screen readers, etc.) can be submitted by employees and supervisors directly to the DoD Computer/Electronic Accommodation Program (CAP), but must also provide copies to the Director, EEO.

b. The DoD Computer/Electronic Accommodation Program (CAP) centrally funds and supplies such equipment to the DoD employees with disabilities and should be used by all employees or offices to ensure the most appropriate equipment, expedite the processing of a request, and not create an undue hardship to a particular office or component. The DoD OIG employees are strongly encouraged to take advantage of the CAP program. It saves the DoD OIG money and provides the best accommodations in most cases. The CAP request form is at Appendix C and is also available on the CAP web site www.tricare.osd.mil/cap.

5. Recurring Requests. Once an employee is granted a type of reasonable accommodation that he or she is likely to need on a recurring basis (e.g., sign language interpreter), the employee is not required to submit a written request for record keeping purposes each time the accommodation is needed. After the reasonable accommodation is approved the first time, the employee may subsequently obtain the accommodation by providing notice to his or her first line supervisor.

6. Expedited Processing. In special circumstances expedited processing may be required thus reducing the 15 day time frame. Examples are when the reasonable accommodation is needed to enable an individual to apply for a job or to participate in a specific agency activity that is scheduled to occur shortly.

7. Delays in Processing Requests. If there is a delay in either processing a request for or delivering a reasonable accommodation, the decision-maker must notify, in writing, the employee requesting the reasonable accommodation of the specific reasons for the delay, and to the extent possible, keep the employee informed of the date on which the agency expects to complete the process.

8. Approval of Reasonable Accommodation Request. When a request for reasonable accommodation is approved, the individual requesting the accommodation will be notified in writing. There is no requirement that the official approving the request provide specific reasons for his/her decision. However, the DoD OIG is required to track and monitor the processing of each request.

9. Denial of Reasonable Accommodation Request. When the agency denies an individual's request for a reasonable accommodation, it must be recorded on a Denial of Reasonable Accommodation Request form (Appendix A, pages 12-19). This form, included as an attachment to these procedures, must be completed by the DoD OIG official denying the accommodation request and must be provided to the individual who requested the accommodation. The form shall: (a) be in writing, (b) contain the specific reason(s) for the denial, (c) state why the requested accommodation would not be effective, and/or (d) state why the requested accommodation would pose an undue hardship. The reasons for the denial should be written in plain language with as much specificity as possible and should identify the employee or office that made the decision to deny the request. If the DoD OIG has denied the specific requested reasonable accommodation but offered to make a different one in its place, the Denial of Reasonable Accommodation Request form should explain both the reasons for the denial of the requested accommodation and the reasons why it believes the chosen accommodation will be effective. The supervisor of the individual whose request was denied must complete a Reasonable Accommodation Reporting form within 10 business days of the decision and forward it to the Director, EEO.

10. Request for Reconsideration and the Right to Pursue an EEO Complaint

a. If an employee or applicant wishes reconsideration of a denial of his/her reasonable accommodation request, he/she must submit a written request to the decision-maker who denied the request. The written request for reconsideration must be made within 5 business days from the date of receipt of the denial. The employee/applicant may present additional information to support his/her request at the same time the request for reconsideration is submitted. The decision maker should respond to the request within 5 business days of his/her receipt of the request.

b. If the individual wishes to file an EEO complaint, he or she must contact the EEO Office within 45 calendar days from the date he/she received notification of the denial of request for accommodation. The individual shall, during the informal complaint stage, initially elect either traditional EEO counseling or mediation through the DoD OIG Alternative Dispute Resolution (ADR) Program. If the matter is not resolved during the informal complaint stage or ADR process, the individual may subsequently file a formal complaint with the Director, EEO.

The complaint must be received by EEO within 15 calendar days from the date the individual is notified that the informal stage or ADR process has ended and has received a notice of right to file a complaint. During both the informal and formal complaint processing stages, the employee/applicant has the right to representation.”

G. Requests for Medical Information

1. The DoD OIG is entitled to know that an employee or applicant who requests reasonable accommodation has a disability covered by the Rehabilitation Act. In some cases the disability and need for accommodation will be obvious or the individual has already provided the supervisor or other agency official with sufficient information to document the existence of the disability and his/her functional limitations. In these cases, the DoD OIG will not seek additional medical information to document the existence of the disability. However, when a disability and/or need for reasonable accommodation is not obvious or already known to the DoD OIG, the individual will be required to provide reasonable documentation about the disability and his or her functional limitations. The immediate supervisor with the assistance of the HCAS or the EEO Office, as appropriate, will make a determination as to whether additional medical documentation is necessary. If it is determined that additional medical documentation is not necessary, the immediate supervisor will promptly complete the processing of the employee's request.

2. If additional documentation is necessary, the immediate supervisor will explain to the employee, in specific terms, why the submitted documentation is insufficient and what additional information is needed.

3. In order to get the most helpful information, requests for additional medical information will describe the nature of the job, the essential functions the individual is expected to perform, and any other relevant information. The HCAS or the EEO Office, as appropriate, will work with the first line supervisor or second level supervisor in seeking appropriate information. The request letter will inform the physician to address the medical documentation to the supervisor of record. It is the employee's responsibility to provide all medical information requested within 30 calendar days. Medical documentation may be reviewed by a medical expert of the agency's own choice at the DoD OIG's expense. If the individual requesting an accommodation is still unable to provide sufficient information in support of the request, the DoD OIG may request that the individual be examined by a health care professional of the agency's choice at the agency's expense. Also, the DoD OIG and the requestor may agree that the requestor will sign a limited release allowing the agency to submit a list of specific questions or to otherwise contact the individual's health care professional to obtain additional information. The DoD OIG may not ask the employee to sign a release form so that the agency can talk directly with the physician.

Note: The failure to provide appropriate documentation or to cooperate with the DoD OIG's efforts to obtain such documentation can result in a denial of the reasonable accommodation.

H. Confidentiality Regarding Medical Information. All medical information should only be disclosed if strictly necessary. The Rehabilitation Act requires that all medical information obtained in connection with the reasonable accommodation process be kept confidential. This means that all medical information, which the DoD OIG obtains in connection with a request for reasonable accommodation, including information about functional limitations and reasonable accommodation needs, must be kept in files separate from the individual's personnel file. It also means that a DoD OIG employee who obtains or receives such information is strictly bound by these confidentiality requirements. All records obtained or created during the processing of a request for reasonable accommodation, including medical records will be kept under the main custody of the HCAS. The HCAS will respond to all requests for disclosure of the records. All records will be maintained in accordance with the Privacy Act. The existence of the request, costs, or other aspects should not be shared with other employees. To do so would violate the employee's rights under 29 CFR 1630. The information will be disclosed only as follows:

1. Supervisors and managers who are involved in the processing of a request for reasonable accommodation may be told about necessary restrictions on the work or duties of the employee and about the necessary accommodation(s),
2. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment,
3. Government officials may be given information necessary to investigate the DoD OIG's compliance with the Rehabilitation Act to respond to legal challenges, or to maintain records and evaluate and report on the DoD OIG's performance in processing reasonable accommodation requests, and
4. The information may, in certain circumstances, be disclosed to worker's compensation offices or insurance carriers.

I. Types of Reasonable Accommodations. An accommodation is a change involving the workplace that enables a person with a disability to enjoy equal employment opportunities. A reasonable accommodation serves to remove barriers that prevent individuals with disabilities from applying for, or performing jobs for which they are qualified. Types of reasonable accommodations made available by the DoD OIG to qualified applicants and employees with disabilities consist of, but are not limited to:

1. **Job Restructuring.** Job restructuring consists of reallocating or redistributing marginal or non-essential job functions that an employee is unable to perform because of a disability; and altering when and/or how a function (marginal or essential) is performed. Supervisors are not required to reallocate essential functions as a reasonable accommodation, but may do so if appropriate.
2. **Leave.** The DoD OIG employees may use accrued paid leave or unpaid leave as a form of reasonable accommodation when necessitated by a disability. Allowing the use of limited unpaid leave will be considered where an employee has exhausted accrued paid leave. Absent

undue hardship, an employee with a disability who is granted leave as a reasonable accommodation is entitled to return to the same position if he/she is still qualified and can perform the essential functions of the position with or without reasonable accommodation. Where the organization can demonstrate that holding open the position would impose an undue hardship, other vacant equivalent positions for which the employee qualifies will be considered for reassignment.

3. Modified or Part-time Schedule. Modification of work schedules may be permitted as a form of reasonable accommodation, absent undue hardship. Modified schedules may include adjusting arrival or departure times; providing periodic breaks; altering when certain functions are performed; allowing the use of accrued paid leave, or providing additional unpaid leave.

4. Modified Workplace Policies. Modification of a workplace policy may be permitted as a form of reasonable accommodation, absent undue hardship, when necessitated by an individual's disability related to limitations.

5. Reassignment. A reassignment may be offered as a form of reasonable accommodation if the DoD OIG determines that no other reasonable accommodation will permit the employee with a disability to perform the essential functions of his or her current position, or if all other possible accommodations would impose an undue hardship upon the agency. Reassignment is a last resort accommodation and is available only to employees, not to applicants. In considering whether there are positions available for reassignment, the first line supervisor or second line supervisor will work with the EEO Office in conjunction with the HCAS and the individual requesting the accommodation to identify:

a. All vacant positions within the agency for which the employee may be qualified, with or without reasonable accommodation; and

b. All positions for which the HCAS has reason to believe will become vacant over the next 60 business days and for which the employee may be qualified. The DoD OIG will first focus on positions that are equivalent to the employee's current job in terms of pay, status, and other relevant factors. If there is no vacant equivalent position, the agency will consider vacant lower level positions for which the individual is qualified.

J. Information Tracking. The DoD OIG will maintain records related to a particular individual who has requested an accommodation for the duration of the employee's tenure with the agency. In addition, the agency shall retain, for at least three years, information or any other cumulative records used to track the agency's performance with regard to reasonable accommodation. These records shall be made available to the EEOC upon request.

K. The Interactive Process. Paramount to the effectiveness of these procedures and a successful outcome of the process is for the parties involved to begin the interactive process from the very first contact. An open, continuous dialogue will expedite and facilitate the best possible solution.

L. Inquiries. Any person wanting further information concerning Reasonable Accommodation procedures may contact the EEO Office at (703) 604-9710.

M. Distribution. Reasonable Accommodation procedures shall be posted on the DoD OIG Intranet and Internet sites.

N. Effective Date. This Instruction is effective immediately.

A handwritten signature in black ink that reads "Thomas F. Gimble". The signature is written in a cursive style with a large initial 'T' and 'G'.

Thomas F. Gimble
Acting

4 Appendices – a/s

APPENDIX A
DoD OIG REASONABLE ACCOMMODATION REQUEST

This is a four-part form to be used by the following:

- Employee requesting reasonable accommodation;
- Employee's supervisor and other OIG officials, as appropriate; and
- Employee's physician, as appropriate.

Part I. - Employee's Request for Reasonable Accommodation - To be completed by the employee or his/her representative for requesting a reasonable accommodation or confirming a verbal request for an accommodation. A request does not need to mention "reasonable accommodation". An individual may use plain English to make a request.

Part II. - Supervisor's Statement - To be completed by the requesting employee's first or second line supervisor.

Part III. - Physician's Statement - To be completed by the requesting employee to authorize a physician to release medical information.

- Section B. - Medical Documentation - To be provided to the employee for submission to his/her physician accompanied by the employee's authorization for the physician to release his/her medical information.

Part IV. - Reasonable Accommodation Reporting Form - To be completed by the supervisor/decision maker. Section A to be completed when a determination has been made regarding a request for a reasonable accommodation. Section B must also be completed when a reasonable accommodation request has been denied. This report will provide supporting documentation for the Director, EEO's annual report on reasonable accommodation.

<p>OFFICE OF INSPECTOR GENERAL REASONABLE ACCOMMODATION REQUEST</p> <p>(This form is subject to the Privacy Act of 1974.) See Privacy Act Statement below.</p>	
<p><u>PART I - EMPLOYEE'S REQUEST FOR REASONABLE ACCOMMODATION</u></p>	
<p>This form is to be completed by employees when requesting an accommodation or modification to a prior accommodation. In cases where medical information is required to document the existence of the disability, your health care provider will be required to complete Part III - Physicians Statement which will be used to assist the DoD OIG in providing the requested accommodation.</p>	
1. NAME OF APPLICANT (Last, First, Middle):	_____
2. DATE OF BIRTH (Month/Day/Year):	_____
3. SOCIAL SECURITY NUMBER:	_____
4. POSITION TITLE:	_____
5. SERIES/GRADE/STEP:	_____
6. OFFICE/DIRECTORATE/COMPONENT:	_____
7. WORK PHONE NUMBER:	_____
8. IMMEDIATE SUPERVISOR'S NAME:	_____
9. IMMEDIATE SUPERVISOR'S PHONE NO:	_____
10. DESCRIBE SPECIFICALLY WHAT ACCOMMODATION(S) YOU THINK COULD BE MADE SO THAT YOU WOULD BE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF YOUR POSITION. PROVIDE ANY INFORMATION ABOUT BRAND, MAKE, AND MODEL OF PRODUCTS OR SERVICES.	
<p>CERTIFICATION AND CONSENT BY EMPLOYEE</p> <p><i>I hereby certify that all statements made above are true to the best of my knowledge and belief and I hereby give my permission for the release of information about my service, disability and medical conditions(s) (i.e., disease and injury) to authorized agency officials.</i></p>	
SIGNATURE (Do not print):	OFFICE PHONE NUMBER:
<p>PRIVACY ACT STATEMENT</p>	
AUTHORITY:	Executive Order 13164; 29 U.S.C., Section 701, et. seq. (Rehabilitation Act of 1973); 42 U.S.C., Sections 12101, et. seq. (American with Disabilities Act of 1990), 29 C.F.R., Part 1630 et seq.
PRINCIPAL PURPOSE(S):	To collect personal information from an employee/applicant to assist with a request for reasonable accommodation and collection of required statistical data regarding requests for reasonable accommodation.
ROUTINE USE(S):	To the Department of Defense and EEOC in instances where an employee/applicant requests a reasonable accommodation.
DISCLOSURE:	Voluntary; however, failure to provide the requested information may hinder the ability to provide a complete or adequate reasonable accommodation

OFFICE OF INSPECTOR GENERAL REASONABLE ACCOMMODATION REQUEST	
<u>PART II - SUPERVISOR'S STATEMENT</u>	
(In connection with Requests for Reasonable Accommodation for Disability or Health Reasons)	
SECTION A - INFORMATION ABOUT EMPLOYEE'S PERFORMANCE/CONDUCT (if applicable)	
ARE THERE ANY PERFORMANCE AND CONDUCT ISSUES THAT WOULD BE RELEVANT TO THE ISSUE OF ACCOMMODATIONS FOR THIS EMPLOYEE?	
SECTION B - ACCOMMODATIONS	
WHAT EFFORTS HAVE YOU MADE TO ACCOMMODATE EMPLOYEE (including temporary accommodations, e.g., light duty)?	
SECTION C - SUPERVISOR'S CERTIFICATION	
1. HOW LONG HAVE YOU SUPERVISED EMPLOYEE? _____ YEARS? _____ MONTHS ?	
2. TELEPHONE NUMBER: _____	
I CERTIFY THAT ALL THE STATEMENTS MADE ON THIS SUPERVISOR'S STATEMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
SIGNATURE	
(Typed Name)	DATE

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<p>OFFICE OF INSPECTOR GENERAL REASONABLE ACCOMMODATION REQUEST</p> <p>(This form is subject to the Privacy Act of 1974.) See Privacy Act Statement below.</p>	
<p>PART III - PHYSICIAN'S STATEMENT (If required) (In connection with Requests for Reasonable Accommodation for Disability or Health Reasons)</p>	
<p>SECTION A - IDENTIFYING INFORMATION AND CONSENT (To be Completed by Employee)</p>	
<p>1. NAME OF APPLICANT (Last, First, Middle): _____</p>	
<p>2. DATE OF BIRTH (Month/Day/Year): _____</p>	
<p>3. SOCIAL SECURITY NUMBER: _____</p>	
<p>4. ENTER EXACT NAME AND ADDRESS (including Zip Code) OF YOUR EMPLOYING AGENCY. INCLUDE THE PERSON WHO SHOULD RECEIVE THE INFORMATION. (Address to which physician sends statement).</p>	
<p>APPLICANT'S CONSENT TO LIMITED RELEASE OF MEDICAL INFORMATION</p> <p><i>I authorize the release to my employing activity medical information related to my disability, disease or injury.</i></p>	
<p>SIGNATURE (Do not print):</p>	<p>OFFICE PHONE NUMBER:</p>
<p>PRIVACY ACT STATEMENT</p>	
<p>AUTHORITY:</p>	<p>Executive Order 13164; 29 U.S.C., Section 701, et. seq. (Rehabilitation Act of 1973); 42 U.S.C., Sections 12101, et. seq. (American with Disabilities Act of 1990), 29 C.F.R., Part 1630 et seq.</p>
<p>PRINCIPAL PURPOSE(S):</p>	<p>To collect personal information from an employee/applicant to assist with a request for reasonable accommodation and collection of required statistical data regarding requests for reasonable accommodation.</p>
<p>ROUTINE USE(S):</p>	<p>To the Department of Defense and EEOC in instances where an employee/applicant requests a reasonable accommodation.</p>
<p>DISCLOSURE:</p>	<p>Voluntary; however, failure to provide the requested information may hinder the ability to provide a complete or adequate reasonable accommodation</p>

SECTION B - MEDICAL DOCUMENTATION (To be Completed by Physician)
PATIENT'S NAME:
ADDRESS:
<p>INSTRUCTIONS: The individual identified above is requesting medical documentation that will be evaluated, along with other information, in connection with his or her request for reasonable accommodation. The reasonable accommodation, if found to be medically warranted, could include one of several options (if possible), including restructuring of the current position or reassignment to a position which the employee is medically able to perform. A copy of the employee's position description and the critical elements and performance standards for the position are attached for your information. The essential functions of the job are indicated. If the physical and environmental requirements identified for the position are also attached, these must specifically be addressed in your report.</p> <p>The applicant is responsible for any cost incurred in connection with providing this documentation unless the Department of Defense Office of Inspector General (DoD OIG) has specifically authorized payment.</p> <p>A new medical examination is not necessary if you can provide current (not more than 3 months prior) information from your records.</p> <p>Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationary. It is important that you respond to every item marked. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not applicable."</p> <p>Enclose your report and any attachments in a sealed envelope marked "DISABILITY - PRIVILEGED PRIVATE." Send it to the address shown in Section A, Item 4. You may, if you wish, give it directly to the applicant for delivery to the employing office.</p> <p>Please complete this statement within two (2) weeks. Be sure to sign the report and include your telephone number.</p>

MEDICAL DOCUMENTATION REQUIREMENTS

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. The history of the specific disability or medical condition(s), including references to findings from previous examinations, treatments, and responses to treatment.
2. Clinical findings from the most recent medical evaluation including any of the following which have been obtained: findings of physical examination, results of laboratory tests, X-rays, EKG's and other special evaluations or diagnostic procedures and, in the case of psychiatric diseases, the findings of mental status examinations and the results of psychological tests.
3. Assessment of the current clinical status and plans for future treatment.
4. Diagnosis.
5. An estimate of the expected date of full or partial recovery.
6. An explanation of the impact of the disability or medical condition on life activities.
7. Assessment of the degree to which the disability or medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion.
8. The likelihood that the individual will suffer sudden or subtle incapacitation associated with the disability or medical condition. Explain the medical basis for your conclusions.
9. The probability that the individual will suffer injury or harm if he or she is not restricted or accommodated. Explain the medical basis for your conclusion.
10. The medical basis for your decision to recommend or not to recommend restrictions that prohibit the individual from attending work altogether or performing specific duties of the position. If you have recommended any work -related restrictions or accommodations, explain the therapeutic or risk-avoiding value of the restrictions and whether you have recommended any similar restrictions on non-work-related activities.

OFFICE OF INSPECTOR GENERAL REASONABLE ACCOMMODATION REQUEST	
<u>PART IV - REASONABLE ACCOMMODATION REPORTING FORM</u>	
(In connection with Requests for Reasonable Accommodation for Disability or Health Reasons)	
SECTION A - GRANTING A REASONABLE ACCOMMODATION REQUEST	
NAME OF INDIVIDUAL REQUESTING REASONABLE ACCOMMODATION:	
OFFICE OF REQUESTING INDIVIDUAL:	
1. REASONABLE ACCOMMODATION: (check one)	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (if denied, attach SECTION B - DENIAL OF REASONABLE ACCOMMODATION REQUEST)	
2a. DATE REASONABLE ACCOMMODATION REQUESTED:	b. REQUEST RECEIVED BY:
3a. DATE REASONABLE ACCOMMODATION REQUEST REFERRED TO DECISION-MAKER (i.e., supervisor, Director, HCMD).	
	b. NAME OF DECISION-MAKER:
4. DATE REASONABLE ACCOMMODATION APPROVED OR DENIED:	
5. DATE REASONABLE ACCOMMODATION PROVIDED:	
6. IF TIME FRAMES OUTLINED IN THE "PROCEDURES TO FACILITATE THE REASONABLE ACCOMMODATION" WERE NOT MET, PLEASE EXPLAIN WHY (use additional sheets, if necessary).	
7. JOB HELD OR DESIRED BY INDIVIDUAL REQUESTING REASONABLE ACCOMMODATION (including occupational series, grade level, and office):	
8. REASONABLE ACCOMMODATION NEEDED FOR: (check one)	
<input type="checkbox"/> APPLICATION PROCESS. <input type="checkbox"/> PERFORMING JOB FUNCTIONS OR ACCESSING THE WORK ENVIRONMENT. <input type="checkbox"/> ACCESSING A BENEFIT OR PRIVILEGE OF EMPLOYMENT (e.g., attending a training program or social event).	
9. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED (e.g., computer hardware or software, staff assistant and removal of architectural barrier). PROVIDE INVENTORY INFORMATION IF APPLICABLE INCLUDING BAR CODE NUMBER.	

SECTION A - GRANTING A REASONABLE ACCOMMODATION REQUEST (Cont.)	
10. TYPE(S) OF REASONABLE ACCOMMODATION <u>PROVIDED</u> (if different from what was requested).	
11. WAS MEDICAL INFORMATION REQUIRED TO PROCESS THIS REQUEST? IF YES, EXPLAIN WHY (use additional sheets, if necessary).	
12. SOURCES OF TECHNICAL ASSISTANCE, IF ANY, CONSULTED IN TRYING TO IDENTIFY POSSIBLE REASONABLE ACCOMMODATION (e.g., Job Accommodation Network, disability organization, Computer/Electronic Accommodations Program).	
13. COMMENTS:	
SUBMITTED BY:	PHONE:
ATTACH COPIES OF ALL DOCUMENTS OBTAINED OR DEVELOPED IN PROCESSING THIS REQUEST.	

SECTION B - DENIAL OF A REASONABLE ACCOMMODATION REQUEST	
Complete Numbers 1-4. Complete Number 5, if applicable	
1. NAME OF INDIVIDUAL REQUESTING REASONABLE ACCOMMODATIONS:	
2. TYPES(S) OF REASONABLE ACCOMMODATION REQUESTED:	
3. REQUEST FOR REASONABLE ACCOMMODATION DENIED BECAUSE (may check more than one box):	
<input type="checkbox"/>	ACCOMMODATION INEFFECTIVE
<input type="checkbox"/>	ACCOMMODATION WOULD CAUSE UNDUE HARDSHIP
<input type="checkbox"/>	MEDICAL DOCUMENTATION INADEQUATE
<input type="checkbox"/>	ACCOMMODATION WOULD REQUIRE REMOVAL OF AN ESSENTIAL FUNCTION OF THE JOB
<input type="checkbox"/>	ACCOMMODATION WOULD REQUIRE LOWERING OF PERFORMANCE OR PRODUCTION STANDARD
<input type="checkbox"/>	OTHER (Please identify)
4. DETAILED REASON(S) FOR THE DENIAL OF REASONABLE ACCOMMODATION (Must be specific, e.g., <u>why</u> accommodation is ineffective or causes undue hardship):	
5. IF THE INDIVIDUAL PROPOSED ONE TYPE OF REASONABLE ACCOMMODATION, WHICH IS BEING DENIED, BUT REJECTED AN OFFER OF A DIFFERENT TYPE OF REASONABLE ACCOMMODATION, EXPLAIN BOTH THE REASONS FOR DENIAL OF THE REQUESTED ACCOMMODATION AND WHY YOU BELIEVE THE CHOSEN ACCOMMODATION WOULD BE EFFECTIVE.	

SECTION B - DENIAL OF A REASONABLE ACCOMMODATION REQUEST (Cont.)	
<p>6. IF AN INDIVIDUAL WISHES TO REQUEST RECONSIDERATION OF THIS DECISION, HE/SHE MAY TAKE THE FOLLOWING STEPS:</p> <ul style="list-style-type: none"> ● ASK THE DECISION-MAKER TO RECONSIDER HIS/HER DENIAL IN WRITING. ADDITIONAL INFORMATION MAY BE PRESENTED TO SUPPORT THIS REQUEST. ● IF THE DECISION-MAKER DOES NOT REVERSE THE DENIAL, AND THE DECISION-MAKER WAS THE INDIVIDUAL'S SUPERVISOR, THE INDIVIDUAL MAY PURSUE THE RECONSIDERATION THROUGH THEIR CHAIN OF COMMAND. ● IF AN INDIVIDUAL WOULD LIKE TO FILE AN EEO COMPLAINT, THEN IT MUST BE FILED WITH THE EEO OFFICE WITHIN 45 CALENDAR DAYS OF RECEIPT OF THIS FORM NOTIFYING THE INDIVIDUAL THAT THE REQUEST HAS BEEN DENIED. 	
TYPED NAME OF DECIDING OFFICIAL	SIGNATURE OF DECIDING OFFICIAL
DATE REASONABLE ACCOMMODATION DENIED:	
<p>For more information regarding your submission you may contact the Director, EEO at (703) 604-9710 or the Director, HCAS (703) 602-4516.</p>	

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APPENDIX B UTILIZING SIGN LANGUAGE INTERPRETERS AT HEADQUARTERS

A. Scheduling Interpreter Services

1. The individual or office scheduling a meeting or event which will require interpreting services (staff meeting, training, office function, etc.) is responsible for directing the request, via e-mail, to “Interpreting Services” before scheduling the date, time, and place of the event. The Equal Employment Opportunity Office will provide interpreting services support for headquarters personnel.
2. Currently, field offices meet interpreter needs for employees by contracting for such service.
3. Interpreting for official DoD OIG business always takes priority over interpreting for non-official matters.
4. Advance scheduling preferably 1 to 2 weeks is strongly encouraged, to the extent possible. Although it is not possible to foresee every occasion for which interpreting services may be required, failure to schedule interpreting services well in advance may result in the necessity to reschedule meetings until interpreter services are available.
5. If a meeting or event will last longer than one half hour, arrangements must be made for more than one interpreter to be present, or the meeting or event must be scheduled to include sufficient rest periods, including a “sign-free” lunch break, if necessary. Generally, one interpreter can work 45-60 minutes and then needs a 15-minute break. A break during a meeting or event does not constitute a rest period for the interpreter if he or she is expected to continue working (e.g., deaf and hearing parties wish to communicate during the break and look to the interpreter to facilitate the exchange).
6. An employee who knows sign language or who is taking a sign language class is not an acceptable substitute for a contract interpreter.

B. Work Events Outside the Workplace. The DoD OIG will provide an interpreter for an employee who is deaf or hard of hearing who, as part of his or her job, attends a meeting or event outside of the workplace.

C. Office Social Functions and Special Events to Which the Interpreters are Invited. Interpreting services may be routinely requested for office or agency social functions or special events, e.g., the Winter Holiday Party, the DoD OIG Annual Picnic, scheduled during official Government time and which might be attended by employees who are deaf or hard of hearing.

D. Interpreting Phone Calls. Employees who are deaf or hard of hearing should schedule an interpreter when services are needed to interpret business-related phone calls. The telecommunication relay service is available to all DoD OIG employees to serve telephone needs when a sign language interpreter is not available.



APPENDIX C

CAP Office Use Only				
Received: _____	<input type="checkbox"/>	EFMP	<input type="checkbox"/>	Tele
Completed: _____	<input type="checkbox"/>	DDESS	<input type="checkbox"/>	WC
Approved: _____	<input type="checkbox"/>	DoDDS	<input type="checkbox"/>	CTRS
Ordered: _____	<input type="checkbox"/>	MHS	<input type="checkbox"/>	DoD
Declined: _____	<input type="checkbox"/>	Non-DoD	<input type="checkbox"/>	State
Canceled: _____		Request #: _____		
Vendor: _____		Order #: _____		
Item Description: _____				

CAP Accommodation Request Form

Complete this form to request assistive technology and services. All information will be kept confidential. Please ensure completion of all contact information. Approval is required from requester’s supervisor. Signature certifies that the accommodation is necessary for a person with a disabling condition to accomplish an essential job requirement. Signature also verifies that the item requested becomes the property of the receiving federal agency. Furthermore, equipment maintenance beyond initial warranty period and additional supplies after receipt of equipment is the responsibility of the federal agency. If you have any questions, please call CAP at 703-681-8813 (V) 703-681-0881 (TTY), or email CAP@tma.osd.mil. **Complete the form online at <http://www.tricare.osd.mil/cap/requests> or fax completed form to 703-681-9075 or send by US Mail to:**

**DoD Computer/Electronic Accommodations Program Office
 TRICARE Management Activity
 5111 Leesburg Pike, Five Skyline Place, Suite 810
 Falls Church, VA 22041-3206**

1. NAME OF PERSON OR OFFICE TO BE ACCOMMODATED (Please Print):

Grade Level: _____ Occupational Series: _____ Are you a new federal employee? _____

Have you used CAP services before? Yes No

Please include your **CUSTOMER ID #** (if know) _____

2. ADDRESS/CONTACT INFORMATION: (No P.O. Boxes - No acronyms)

If your agency is within **DoD** (specify): _____

Organization: Army Navy Air Force

If your agency or department is **not a DoD Agency** (specify): _____

DELIVERY ADDRESS (Work Address):

Address1: _____

Address2: _____

City, State, Zip: _____

Telephone/TTY#: (please indicate which) _____

Fax #: _____ Email: _____

3. DISABILITY INFORMATION: Identify your disability ____ (Deaf/Hard of Hearing, Blind/Low Vision, Cognitive, Dexterity*: Additional information/medical documentation may be required to support the need of an accommodation per the Rehabilitation Act)

Other (explain): _____

*Dexterity Disability (explain): _____

If you are a Workers' Compensation claimant, include your Workers' Compensation Claim # and copy of Department of Labor Claim Acceptance Letter: _____

If you Telework, include your agency agreement form.

Please fax supporting documents to 703-681-9075.

4 SUPERVISOR/POINT OF CONTACT INFORMATION (Complete all fields):

Name: _____ Signature: _____

Telephone/TTY #: _____ Fax #: _____

Email: _____

T T T E Q U I P M E N T T T T

5. ____ ITEM REQUESTED: Include brand name/model and attach any vendor information/brochures you may have. If requesting Speech Recognition Software, complete and fax the Speech Recognition Information Form, located under "News/Documents" on the CAP Website. Please fill out a separate request for each item being requested.

6. JUSTIFICATION: Please explain how this item will assist you in performing your essential job functions:

7. **COMPUTER SYSTEM:** In order to establish compatibility, identify:
Operating System: Win00___ Win98 ___ Win ME ___ WinNT ___ Win95 ___ Mac ___ Other ___
Does your computer have a USB Port? Yes___ No___ How much RAM does your computer have? ___

8. **EMPLOYEE SIGNATURE:** _____

T T T FUNDED SERVICE T T T

Note: Complete this section only if you are a **DoD employee attending a training session lasting two or more days**. Mark your requested funded service: [] **Interpreter*** [] **CART*** [] **Personal Assistant** [] **Reader**

*Interpreter and CART Services are for DoD employees to attend information technology and computer-related training sessions.

Submit a **fully completed request** (sections A and B) at least **15** days prior to the start of the training or travel.

A. TRAINING SESSION:

Name of the **DoD Agency** training sponsor? _____

Training/Course Title: _____

Course Location: _____

Course Dates: _____ Course Time: _____

Have you been officially registered for training? _____

B. INFORMATION ON SERVICE PROVIDER (INTERPRETERS, READERS, ETC.):

For interpreting service information refer to the CAP Interpreter Database, located under “Deaf Accommodation Services” on the Website, and for information on obtaining a personal assistant please refer to the CAP Personal Assistant Information Form, located under “News/Documents” on the website.

Agency/Service Provider Name, Point of Contact and Address: _____

Telephone/TTY #: _____ Fax #: _____

Cost/Quote (please attach): _____ Does service accept Credit Card Payment? _____

E-Mail: _____ Website: _____

Submitting this form signifies you agree to CAP terms and conditions.

APPENDIX D
SELECTED REASONABLE ACCOMMODATION RESOURCES

A. U.S. Equal Employment Opportunity Commission. (800) 669-3362 (Voice), (800) 800-3302 (TTY)

1. The EEOC's Publication Center has many free documents on the Title I employment provisions of the ADA, including both the statute, 42 U.S.C. Section 12101 et seq., and the regulations, 29 C.F.R. Section 1630. In addition, the EEOC has published a great deal of basic information about reasonable accommodation and undue hardship. The three main sources of interpretive information are: (1) the Interpretive Guidance accompanying the Title I regulations (also known as the "Appendix" to the regulations), 29 C.F.R. pt. 1630 app. Sections 1630.2(o), (p), 1630.9; (2) Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act, 8 FEP Manual 405:7601 (1999); and (3) A Technical Assistance Manual on the Employment Provisions (Title I) of the Americans with Disabilities Act, 8 FEP Manual (BNA) 405:6981, 6998-7018 (1992) (Technical Assistance Manual). The Technical Assistance Manual includes a 200-page Resource Directory, including federal and state agencies, and disability organizations that can provide assistance in identifying and locating reasonable accommodations.

2. The EEOC also has discussed issues involving reasonable accommodation in the following guidance and documents:

a. Enforcement Guidance: Pre employment Disability-Related Questions and Medical Examinations at 5, 6-8, 20, 21-22, 8 PEP Manual (BNA) 405:7191, 7192-94, 7201 (1995).

b. Enforcement Guidance: Workers' Compensation and the ADA at 15-20, 8 FEP Manual (BNA) 405:7391, 7398-7401 (1996).

c. Enforcement Guidance: The Americans with Disabilities Act and Psychiatric Disabilities at 19-28, 8 PEP Manual (BNA) 405:7461, 7470-76 (1997).

d. Fact Sheet on the Family and Medical Leave Act, the Americans with Disabilities Act, and Title VII of the Civil Rights Act of 1964 at 6-9, 8 FEP Manual (BNA) 405:7371, 7374-76 (1996).

e. Enforcement Guidance: Disability-Related Inquiries and Medical Examinations of Employees under the Americans with Disabilities Act at 20, 22, 23, 24-5, 8 FEP Manual (BNA) 405:7701, 7711, 7712-14, 7715-16 (2000).

3. Finally, the EEOC has a poster that employers and labor unions may use to fulfill the ADA's posting requirement.

4. All of the above-listed documents, with the exception of the Technical Assistance Manual and the poster, are also available through the Internet at www.eeoc.gov. All of these documents provide guidance that applies to federal agencies through the Rehabilitation Act of 1973, 29 U.S.C. Section 791. The EEOC site can be accessed at the OIG Intranet EEO web site under "Other EEO Related Links".

B. Job Accommodation Network (JAN). (800) 232-9675 (Voice/TTY) <http://janweb.icdi.wvu.edu/>. JAN is a service of the Department of Labor's Office of Disability Employment Policy. It can provide information, free-of-charge, about many types of reasonable accommodations.

C. ADA Disability and Business Technical Assistance Centers (DBTAC's). (800) 949-4232 (Voice/TTY). The DBTAC's consist of 10 federally funded regional centers that provide information, training, and technical assistance on the ADA. Each center works with local business, disability, governmental, rehabilitation, and other professional networks to provide current ADA information and assistance, and places special emphasis on meeting the needs of small businesses. The DBTAC's can make referrals to local sources of expertise in reasonable accommodations.

D. Registry of Interpreters for the Deaf. (301) 608-0050 (Voice/TTY). The Registry offers information on locating and using interpreters and transliteration services.

E. RESNA Technical Assistance Project. (703) 524-6686 (Voice) (703) 524-6639 (IT) <http://www.resna.org> - RESN - the Rehabilitation Engineering and Assistive Technology Society of North America can refer individuals to projects in all 50 states and the six territories offering technical assistance on technology-related services for individuals with disabilities. Services may include:

1. Information and referral centers to help determine what devices may assist a person with a disability (including access to large data bases containing information on thousands of commercially available assistive technology products).
2. Centers where individuals can tryout devices and equipment.
3. Assistance in obtaining funding for and repairing devices, and equipment exchange and recycling programs.