PROCEDURES FOR PROCESSING REQUESTS FOR REASONABLE ACCOMMODATION

CHAPTER 1 INITIATING THE REASONABLE ACCOMMODATION PROCESS

I. ESTABLISHING A REASONABLE ACCOMMODATION ADVISORY TEAM

A. Reasonable Accommodation Advisory Team: A reasonable accommodation advisory team will be established to process all requests for reasonable accommodation. The establishment of a team to process any RA request is necessary due to the various areas of expertise needed to process a request for accommodation and the overall management of the RA process for consistency, timeliness and reporting purposes.

At a minimum, the advisory team should include the employee's first-level supervisor, a Human Resources Specialist, and the designated reasonable accommodation (RA) point of contact (POC). For example, the first-level supervisor is the individual best able to identify and define the essential functions of a position; the Human Resources Specialist will provide the HR expertise; and, the RA POC will provide the expertise on the reasonable accommodation process and is responsible for ensuring that each request is processed in a consistent, timely manner. In addition, the RA POC is responsible for updating the tracking and monitoring system for RA requests.

- B. Additional Members: Depending upon the specific circumstances and/or complexity of a reasonable accommodation request, membership of the advisory team may be augmented to include representatives from the medical, safety, and legal offices. Other members, as appropriate, may be requested to participate on the advisory team.
- C. <u>Coordination of Efforts:</u> Advisory team members should meet as frequently as needed and share information immediately upon receipt in order to process the request for reasonable accommodation within the timeframes outlined in Chapter 2.
- D. <u>Training:</u> Formal training on reasonable accommodation procedures is strongly recommended. Members of the advisory team should be familiar with and process

all reasonable accommodation requests in accordance with the provisions of this subchapter.

II. REQUESTS FOR REASONABLE ACCOMMODATION

- A. <u>Initial Request:</u> An employee or an applicant for employment may initially submit a request for accommodation verbally. However, the verbal request must be subsequently documented, in writing, signed and dated. A sample "Confirmation of Reasonable Accommodation Request Form" is included as Attachment 1 to this chapter.
- 1. If the Initial Request for accommodation is made to an individual who is not a member of the Advisory Team, he/she must provide the request to the Team within two (2) working days after receipt from the employee.
- 2. The Advisory Team should begin processing the request for accommodation, both verbal and written, as soon as it is received. A completed Confirmation of Reasonable Accommodation Request Form is not required to initiate the process.
- 3. For those accommodations that are needed on a repeated basis, e.g., sign language interpreter, the individual is not required to submit a written request for each subsequent request for accommodation after the initial request is approved.
- B. Who can submit a Request for Reasonable

 Accommodation: An employee or an applicant for employment may request an accommodation on their own behalf. In addition, a family member, friend, health professional, or other representative may request a reasonable accommodation on behalf of an individual with a disability.
- C. <u>Identification of a Request for Reasonable</u>

 <u>Accommodation:</u> An employee or applicant for employment may request a reasonable accommodation in "plain English". In other words, the individual does not have to reference the Americans with Disabilities Act, Rehabilitation Act or use the phrase "reasonable accommodation" in order for a request to be considered a request for reasonable accommodation.
- 1. Example 1: An employee tells his/her supervisor, "I'm having trouble getting to work at my

scheduled starting time because of medical treatments I'm undergoing." This is treated as a request for reasonable accommodation.

2. Example 2: An employee tells his/her supervisor, "I need six weeks off to get treatment for a back problem." This is treated as a request for reasonable accommodation.

However, a request for reasonable accommodation must always relate a request for an adjustment or change at work to a reason related to a medical condition. (See Chapter 2 for a more detailed discussion.)

D. Confidentiality of Information regarding Requests for and Provision of Reasonable Accommodation: The Americans with Disabilities Act of 1990 specifically prohibits the disclosure of medical information except in certain limited situations. Therefore, an employer may not disclose that an employee is receiving a reasonable accommodation because this usually amounts to a disclosure that the individual has a disability. See EEOC's Enforcement Guidance: Reasonable Accommodation and Undue Hardship Under the Americans with Disabilities Act dated 17 October 2002, question/answer #42, for additional guidance.

III. APPLICANTS FOR EMPLOYMENT

- A. <u>Participation in the Application Process:</u>
 Reasonable accommodation must be provided to a qualified applicant with a disability that will enable the individual to have an equal opportunity to participate in the application process and to be considered for a position.
- B. <u>Hiring Process:</u> It is appropriate to tell all applicants for employment what the hiring process involves, e.g., interview, timed written test, or job demonstration; to ask all applicants whether they will need a reasonable accommodation for this process; and to explain the reasonable accommodation procedures.

IV. CIRCUMSTANCES FOR EXPEDITED PROCESSING

A. <u>Processing Requests for Accommodation:</u> All requests for accommodation should be processed in as short a time as reasonably possible. The time necessary to

respond to any particular request for accommodation will depend largely on the nature of the accommodation.

- B. <u>Special Circumstances for Expedited Processing:</u> Special circumstances may influence the timing of the reasonable accommodation process. The expedited processing of a reasonable accommodation request may be appropriate in the following situations:
- 1. The reasonable accommodation is needed to enable an individual to apply for a job; or
- 2. The reasonable accommodation is needed for a specific agency activity that is scheduled to occur shortly.

Confirmation of Reasonable Accommodation Request Form				
Name			Date	
SSN	Title			
PP-Sers-Grade		Code		
Work Phone		Check One: Employee Applicant		
Supervisor's Name		Supervisor's Phone		
Describe the nature of your medical condition and your limitations (including whether the condition and/or limitations are permanent or temporary): Describe any impact of your present limitations on the performance of your duties:				
Describe any impact of your p	resent inintations (on the periormance	or your duties:	

Describe any accommodation you believe we	ould assist you in the performance of your duties:
If request is due to a work related injury, pl	ease provide Worker's Compensation Claim #
information will be used to process a request finformation may be disclosed to: appropriate ago the request for reasonable accommodation and/or government agency, domestic or foreign, for law proceeding to which the DON is a party or has a information relevant to DON decision(s) concern office in order to obtain information relevant accommodation; to an expert, consultant or other agency function; to an investigator, administration investigation of a formal EEO complaint under 20 office of Special Counsel for proceedings or investigation at their jurisdiction; to a labor of matters within their jurisdiction; to a labo	er person under contract with the DON to fulfill an ative judge or complaints examiner appointed for the 29 CFR 1614; to the Merit Systems Protection Board or exestigations involving personnel practices and other organization as required by the Federal Labor sonnel Management in making determinations related to to officials of the Office of Workers' Compensation s; to an employee's private treating physician and to de medical services in connection with an employee's ment; and to the Occupational Safety and Health Completion of this form is voluntary. If this quest for reasonable accommodation may not be possible. In contained in this document and any attachments weledge. I hereby give permission to release any
information contained in this request to aut	horized officials with a need to know.
Requestor's Signature	Date
The signature below acknowledges receipt o if any.	of this request for accommodation and attachments
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