

WRITTEN CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

Please submit this form as soon as possible to your servicing Reasonable Accommodations Coordinator (RAC)

This form is used for record-keeping and reporting purposes. It is an option for providing a written confirmation of your request for reasonable accommodation. The information provided may be used to determine whether reasonable accommodation is needed and, if so, what accommodation will be effective and appropriate. This form is subject to confidentiality requirements and will be maintained in files, hardcopy or electronic, separate from your personnel file.

PART A: EMPLOYEE REQUEST

Instructions: This section is to confirm your request for reasonable accommodation. If more space is needed, please attach a separate sheet. The RAC may complete this section for the requestor if the requestor requires assistance or otherwise cannot complete the form. Completion of this form is voluntary. Requests for accommodation will be addressed promptly even if the requestor does not complete this form.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Requestor's name: _____

2. Requestor's telephone number and e-mail address: _____

3. If the requestor is a current employee of the Department:

3.a. Requestor's title, series, and grade: _____

3.b. Requestor's bureau (or O/S) and division: _____

3.c. Name and title of requestor's immediate supervisor: _____

3.d. Telephone number and e-mail address of Requestor's immediate supervisor: _____

4. a. Name of the person the Requestor contacted initially about this request for reasonable accommodation:

4. b. Role of that person (*check all that apply*):

- Immediate supervisor;
- Another supervisor in the requestor's chain of command;
- Reasonable Accommodation Coordinator (RAC);
- HR Specialist;
- EEO Specialist; and/or
- Other: _____

5. Date of initial reasonable accommodation request: _____

6. Functional limitations and/or workplace barriers for which accommodation is needed. (*Note: The response to this item need not identify the requestor's medical impairment or condition.*) _____

7. Specific accommodation(s) the requestor is seeking. (*Note: An employee must be able to perform the essential functions of the employee's position, either with or without accommodation.*) _____

8. Check any of the below categories that apply to the request. (*Note: These categories provide examples of frequently-requested accommodations. This is not an exhaustive list.*)

- Reconfigured work space;
- Removal of an architectural barrier;
- Acquisition or modification of equipment, furniture, or devices;
 - Assistive Technology;
 - Adaptive Equipment;
 - Ergonomic office furniture;
- Materials in alternative formats;
- Adjustment or modification of examinations, training materials, or policies;
- Readers, interpreters (such as Sign Language interpreters), or captioning;
- Job restructuring;
- Part-time or modified work schedules (such as an Alternate Work Schedule);
- Telework;
- Parking;
- Scooter;
- Reassignment to a vacant, funded position; and/or
- Other: _____

9. Reasonable accommodation is needed to (*check all that apply*):

- Participate in the application process;
- Perform the essential functions of the requestor's job;
- Gain access to the workplace; and/or
- Enjoy equal benefits and privileges of employment as are enjoyed by similarly-situated employees without disabilities (e.g., training, employee assistance programs, credit unions, cafeterias, lounges, gymnasiums, auditoriums, parties or other social functions).

10. Length of time the required accommodation(s) will be needed: _____

11. Explain any time-sensitive issues related to the request. _____

NOTE: If a disability and/or need for reasonable accommodation is not obvious and not already on file with the Department, the RAC may request medical documentation to substantiate the disability and/or the need for the requested accommodation. The RAC will use the medical documentation submitted to: 1) determine if the requestor has a covered disability, 2) identify functional limitations and how the limitations effect the employee's ability to perform their essential job duties, 3) determine if the requestor needs an accommodation based on their disability and which accommodation(s) would be effective and appropriate. In making this determination, the RAC may consult various medical professionals, including the requestor's physician, medical professionals from Federal Occupational Health (FOH), or the Bureau's health unit, when necessary. (DAO 215-10, Section 11)

Ordinarily, the deciding management official (DMO) does not need to know the requestor's underlying medical condition or impairment. The RAC will provide the DMO with the information needed to understand the requestor's functional limitations and what accommodation(s) are recommended and effective. The RAC is an advisor and does not have authority to approve or deny a request. In compliance with the Privacy Act and confidentiality requirements, the RAC will not share the requestor's medical documentation with anyone who does not have an official need to know. (DAO 215-10, Section 16)

Signature of Requestor

Date

PART B: ACCOMMODATION REPORT

Items 1 through 3 are to be completed by the RAC and provided to the deciding official.

1. Name individual requesting reasonable accommodation (requestor): _____

2. Title, bureau, and division of Requestor (if the Requestor is a current employee of the Department): _____

3. Accommodation(s) requested: _____

Items 4 through 12 are to be completed by the deciding management official (i.e., Supervisor, Office or Division Director, HR Specialist). The deciding management official must complete and submit this form to the RAC as soon as possible after a final decision has been made on the reasonable accommodation request.

4. Name and title of deciding official: _____

5. Date reasonable accommodation request was referred to deciding official: _____

6. Interim measures provided, if any: _____

7. Date reasonable accommodation approved or denied: _____

8. If time frames outlined in DAO 215-10, Reasonable Accommodation for Employees or Applicants with Disabilities were not met, explain reason(s):

9. Decision on reasonable accommodation request:
 Approved Denied

10. If approved, identify the accommodation(s) granted: _____

11. If denied, attach a copy of the written denial letter or memorandum that identifies the reason (see Section 8 of DAO 215-10).

12. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., Federal Occupational Health (FOH), Job Accommodation Network (JAN), disability organization). (*Note: The response to this item should not identify legal advice provided by the Office of the General Counsel.*) _____



Deciding Official's signature **Date** **Daytime telephone number and e-mail Address**

For more information on how to contact the servicing RAC, please see the Office of Civil Rights website: <http://www.osec.doc.gov/ocr/CivilRights/Disability/ReasonableAccommodation.html> or contact:

Disability Program Manager/Policy Advisor
Office of Civil Rights, U.S. Department of Commerce
14th Street and Constitution Avenue, NW, Room 6012
Washington, D.C. 20230
Attention: [202-482-8201]

If the request is denied or does not meet the needs of the requestor, the requestor may request reconsideration from a higher-level supervisor in the requestor's chain of command. Any request for reconsideration must be received no later than 15 business days from the date the requestor received the decision. Any requestor seeking reconsideration must follow the process outlined in DAO 215-10, including submitting with there consideration request, a copy of the decision issued to the requestor and any additional information or arguments the requestor wishes to submit.

To initiate an EEO complaint, the requestor must bring the matter to the attention of an EEO counselor within 45 calendar days of the requestor's receipt of the decision. Pursuing reconsideration of a denial will not toll or extend mandatory time limits for initiating EEO complaints or other grievance procedures. To initiate an EEO compliant or for additional information, contact your Bureau's EEO Office.

Privacy Act Statement

Authority: The Privacy Act of 1974, as amended (5 U.S.C. 552a), requires that you be given certain information about this form. The authority for this Request for Reasonable Accommodation form is derived from the Rehabilitation Act of 1973, as amended, which stipulates that Federal agencies must provide reasonable accommodations to qualified individuals with disabilities. *See* 29 U.S.C. 791; 29 C.F.R. Part 1614; *see also* 20 C.F.R. Part 1630. Further, Executive Order 13164 mandates that Federal agencies have written procedures for providing reasonable accommodation and maintain records in order to monitor the effectiveness of the procedures.

Purposes/Routine Uses: The Bureau Reasonable Accommodation Coordinators will maintain a record of all accommodation requests, including this form, which will be utilized to determine the efficacy and consistency of the reasonable accommodation process and be compiled for reports to the Equal Employment Opportunity Commission (EEOC); these records are subject to periodic review by the EEOC, or the Director, Office of Civil Rights, at their request, to ensure compliance. The information collected on this form must be kept in files separate from the individual's personnel file and treated as a confidential medical record, except that:

- supervisors and managers who need to know may be told about necessary restrictions on the work or duties of the employee and about the necessary accommodation(s);
- first aid and safety personnel may be told *if* the disability might require emergency treatment or evacuation assistance;
- government officials may be given information necessary to investigate the agency's compliance with the Rehabilitation Act or other applicable laws;
- the information may in certain circumstances be disclosed to workers' compensation offices; and
- agency EEO officials may be given the information to maintain records and evaluate and report on the agency's performance in processing reasonable accommodation requests.

See 29 C.F.R. 1630.14(c) and EEOC *Policy Guidance on Executive Order 13164: Establishing Procedures to Facilitate the Provision of Reasonable Accommodation* (Policy Guidance), EEOC No. 915.003 (October 20, 2000), Sec. II(D), Q. 20, available online at <https://www.eeoc.gov/laws/guidance/policy-guidance-executive-order-13164-establishing-procedures-facilitate-provision>. In addition, the information collected on this form may be used for Routine Uses set forth in System of Records Notice COMMERCE/DEPT-18, Employees

Personnel Files Not Covered by Notices of Other Agencies, available at <https://www.osec.doc.gov/opog/PrivacyAct/SORNs/DEPT-18.html>, except as prohibited by the Rehabilitation Act of 1973 or as otherwise prohibited by law.

Disclosure: Completion of this form is voluntary. However, without this information you may not be provided an appropriate and effective accommodation.