



**HEADQUARTERS  
DEFENSE HUMAN RESOURCES ACTIVITY  
4800 MARK CENTER DRIVE, SUITE 03E25  
ALEXANDRIA, VA 22350-4000**

**OPERATING INSTRUCTION**

**SUBJECT:** Defense Human Resources Activity Reasonable Accommodations Program

**REFERENCES:**

- (a) Executive Order 13164, 3 CFR § 102 “Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation,” July 28, 2000.
- (b) Title 29 U.S.C. §§ 791, 794, 794d, “The Rehabilitation Act of 1973,” Sections 501, 504 and 508, as amended.
- (c) The Americans with Disabilities Act Amendment Act of 2008 (ADAAA), January 1, 2009.
- (d) DoD Directive 1020.012E, “Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense,” November 21, 2003.
- (e) DoD Instruction 1000.31, Computer/Electronic Accommodations Program (CAP).
- (f) DoD Instruction 6025.18, “Privacy of Individually Identifiable Health Information in DoD Health Care Programs,” December 2, 2009

1. PURPOSE.

This Operating Instruction (OI) establishes policies, responsibilities, and procedures for the Reasonable Accommodations (RA) Program within the Defense Human Resources Activity (DHRA).

2. APPLICABILITY.

This OI applies to the DHRA Enterprise. DHRA consists of a Headquarters function and individual Components with unique missions.

3. SUMMARY OF CHANGES.

This instruction supersedes DHRA OI, RA Program, dated, August 30, 2018, and incorporates changes recommended by Equal Employment Opportunity Commission (EEOC) to include more detailed information regarding DHRA “Procedures.”

4. DEFINITION OF TERMS

- 4.1 Approving official. Any leader within the DHRA employee’s supervisory chain who can grant a reasonable accommodation to the employee or to the requestor.
- 4.2 Disability. Physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment. The term “disability” will be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADAAA. Disabilities include:

- 4.2.1 Mental impairments or psychological disorders, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- 4.2.2 Physical impairments that are constant, episodic, or in remission, when the disability substantially limits a major life activity when active.
- 4.3 Employee. Any civilian assigned to DHRA. This does not include contractor employees.
- 4.4 Essential functions. Job duties or functions so fundamental to the position the individual holds or desires to hold that the job cannot be done without performing them. A function can be “essential” if, among other things: The position exists specifically to perform that function. There are a limited number of other individuals who could perform the function. The function is specialized and the individual is hired based on his or her ability to perform that function.
- 4.5 Interactive Process. Informal conversation between a manager and an employee to assess whether an employee’s disability can be reasonably accommodated. This is a conversation that covers an array of questions and answers to determine the best possible accommodation solution for the individual and that will not create an adverse impact on the Component’s ability to fulfill mission obligations.
- 4.6 Job applicant. This means any person seeking employment with DHRA but who does not yet work at DHRA.
- 4.7 Qualified individual with a disability. An individual with a disability is qualified if the individual satisfies the requisite skill, experience, education, and other job related requirements of the position. The individual can perform the essential functions of the position, with or without reasonable accommodation.
- 4.8 Reasonable Accommodation (RA). Any change in the work environment or in the way things are customarily done that would enable a qualified individual with a disability to obtain equal employment opportunities. Reasonable accommodations must be provided, if appropriate, to qualified individuals regardless of whether they work part-time, full-time, or are considered probationary.
- 4.9 RA Program Manager. The RA Program Manager provides policy, coordination, and oversight for issues of employment, advancement, retention, accessibility, and reasonable accommodations.
- 4.10 Reassignment. Movement of an employee from one position to another position.
- 4.11 Undue hardship. A significant difficulty or expense focused on the resources and circumstances in relationship to the cost or difficulty of providing a specific reasonable accommodation. Undue hardship refers not only to financial difficulty, but also to reasonable accommodations that are unduly extensive, substantial or disruptive, or those that would fundamentally alter the nature of operations. Agencies will assess on a case-by-case basis whether a particular reasonable accommodation would cause undue hardship. In making the determination as to “significant difficulty or expense,” Agencies will consider:
- 4.11.1 Overall size of DHRA’s program with respect to the number of employees, number and type of facilities and size of budget; type of operation, including the composition and structure of DHRA’s workforce;
- 4.11.2 The nature and net cost of the accommodation needed under this part, taking into consideration the availability of outside funding;

- 4.11.3 The overall financial resources involved in the provision of the reasonable accommodation, the number of persons employed and the effect on expenses and resources;
- 4.11.4 The overall financial resources available to DHRA with respect to the number of its employees and the number, type, and location of its facilities;
- 4.11.5 The type of operation or operations of DHRA, including the composition, structure and functions of the workforce and the geographic separateness and administrative or fiscal relationship of DHRA's facility or facilities in question; and the impact of the accommodation upon the operation of the facility, including the impact on the ability of other employees to perform their duties and the impact on the facility's ability to conduct business.

## 5. POLICY.

- 5.1 DHRA is both committed and required to provide reasonable accommodations to the known physical or mental limitations of qualified employees or applicants for employment with a disability, unless doing so would cause undue hardship to DHRA. This policy is in accordance with Section 501 of the Rehabilitation Act of 1973 which requires Federal agencies to provide reasonable accommodation for qualified employees or applicants with disabilities, unless to do so would cause undue hardship. This Policy, and the accompanying Procedures, fully comply with the Rehabilitation Act of 1973, Executive Order 13164 (requiring Federal agencies to establish procedures to facilitate the provision of reasonable accommodation), and EEOC regulations at 29 C.F.R. § 1614.203(d)(3) (clarifying the written procedure requirement).
- 5.2 It is DHRA's policy that no qualified employee or applicant for employment shall be subjected to discrimination on the basis of disability under any program or activity that receives or benefits from Federal financial assistance disbursed by a Department of Defense (DoD) Component or under any Federal program or activity that is conducted by a DoD Component.
- 5.3 Requests for reasonable accommodation will be processed in accordance with References (a) through (f), as relevant, and this OI. Supervisors should recognize potential request for Reasonable Accommodation by using three (3) methods: (1) self-observation; (2) third party notification; and, (3) individual does not request a reasonable accommodation but communicate to their supervisor a need for assistance to perform their position duties.

## 6. RESPONSIBILITIES.

- 6.1 Employees and/or applicants for employment are responsible for requesting and participating in the interactive process of reasonable accommodations.
- 6.2 Supervisors are responsible for the following:
  - 6.2.1 Documenting requests for all RAs.
  - 6.2.2 Engaging in the interactive process with the individual to discuss the job functions, the need for accommodation, and identify an effective accommodation that does not impose an undue hardship on DHRA.
  - 6.2.3 Notifying the requesting individual in writing of the final decision whether to grant or deny the accommodation. If the request is granted, the notice will include how the accommodation will be provided. If the request is denied, the

- notice will include the requestor's reconsideration and appeal rights and/or the right to seek Equal Employment Opportunity (EEO) counseling.
- 6.3 The DHRA Chief of Staff (COS) is responsible for ensuring the effective functionality of the DHRA RA policy and procedures with oversight to the DHRA Reasonable Accommodation program.
  - 6.4 The DHRA RA Program Manager is the representative responsible for processing requests for reasonable accommodation, as well as:
    - 6.4.1 Administering the RA program by reviewing requests of employees and applicants for completeness; assessing requests to determine whether the individual meets the definition of an individual with a disability and needs the accommodation requested; initiating the interactive process with the requesting employee and appropriate officials.
    - 6.4.2 Obtaining and evaluating documentation supporting an accommodation request (such as medical information) when the disability and/or need for accommodation is not obvious.
    - 6.4.3 Working with the employee's supervisor to ensure that any accommodation, if appropriate, meets the individual's disability-related needs, does not entail eliminating essential functions of the position, is feasible, and does not pose an undue hardship.
    - 6.4.4 Working with applicants with disabilities who need accommodation to apply for or be interviewed for a job.
    - 6.4.5 Administering the agency-wide budget to cover all costs associated with providing reasonable accommodations, including sign language interpreters, furniture, technology, and other significant purchases.
    - 6.4.6 Receiving and maintaining reasonable accommodation requests and notifying supervisors immediately when employees submit a RA request.
    - 6.4.7 Requesting and receiving medical documentation in support of the reasonable accommodation request, safeguarding the documentation, and forwarding it to the Federal Occupational Health (FOH) physician, or another medical provider contracted by DHRA for a medical sufficiency review when the disability and/or need for RA is not obvious.
    - 6.4.8 Entering information related to all RA requests and case disposition into an electronic tracking system.
    - 6.4.9 Medical information or documentation of an employee's impairment or disability must be kept in a separate file from normal personnel records and be properly secured when not in use by the authorized parties. All information about employees' disabilities or impairments and reasonable accommodation(s) must be kept confidential and must not be shared with others unless on a need-to-know basis or where that person is directly involved in the decision-making or is providing consultation.
  - 6.5 Physicians contracted by DHRA are responsible for reviewing the medical documentation and assisting DHRA in determining whether the documentation is sufficient to make a decision, whether the medical condition impairs the individual's ability to perform the essential functions of the job, and for providing detailed information on the individual's functional limitations to assist the supervisor in identifying what types of accommodation(s) would be reasonable and effective.

7. PERSONAL ASSISTANCE PROGRAM (PAS). Pursuant to Section 501 of the Rehabilitation Act of 1973, as amended, DHRA provides Personal Assistance Services (PAS) to its employees. PAS are available to help eligible DHRA employees who, because of targeted disabilities, require assistance to perform basic activities of daily living that is not otherwise required as a reasonable accommodation, like eating and using the restroom. (See Enclosure A for detailed description of PAS services).
8. REASONABLE ACCOMMODATIONS (RA) PROCEDURES. This instruction prescribes procedures for recognizing and processing reasonable accommodation requests submitted by employees of DHRA Components and their authorized representatives. (See Enclosure B for detailed procedures regarding the RA Process).
9. EFFECTIVE DATE: The Effective Date of this OI is on the date of the signature below.

William H. Booth  
Director

Enclosures:

1. Personal Assistant Services (PAS)
2. RA Procedures
3. Interactive Process Flowchart
4. DHRA Form 1 - Request for Reasonable Accommodation
5. DHRA Form 2 - Reasonable Accommodation Medical Documentation Request
6. DHRA Form 3 - Interactive Process Checklist for Supervisor
7. DHRA Form 4 - Denial of Reasonable Accommodation
8. DHRA Form 5 - Information Reporting
9. Federal Occupational Health (FOH) Form 6 - Medical Release Document

ENCLOSURE 1  
PERSONAL ASSISTANCE SERVICES (PAS)

1. Pursuant to Section 501 of the Rehabilitation Act of 1973, as amended, DHRA provides Personal Assistance Services (PAS) to its employees.
  - 1.1 PAS are available to help eligible DHRA employees who, because of targeted disabilities, require assistance to perform basic activities of daily living that is not otherwise required as a reasonable accommodation, like eating and using the restroom.
  - 1.2 PAS are not the same as services that help the individual perform job-related tasks, such as sign language interpreters for individuals who are deaf or readers for individuals who are blind or have learning disabilities. Medical conditions that are more likely to result in the need for PAS include, for example, missing limbs or paralysis due to spinal cord injury.
2. The process and the forms used in requesting PAS are the same as in requesting a reasonable accommodation.
  - 2.1 The individual does not need to mention Section 501 or the EEOC's regulations explicitly, or use terms such as "PAS" or "affirmative action" to trigger the agency's obligation to consider the request.
  - 2.2 The process is integrated into the RA process and is under the responsibility of the RA Program Manager.
3. As with the reasonable accommodation process, individuals who request PAS and the managers deciding whether to grant or deny the request engage in the informal interactive process unless it is obvious that the individual has a targeted disability and needs the requested services.
4. Requests for PAS may be denied if the requester is not an employee of DHRA; the requester does not have a targeted disability; the targeted disability does not create a need for PAS; the requester is not able to perform the essential functions of the job, even with PAS and any reasonable accommodations; the requester would create a direct threat to safety on the job, even with PAS and any reasonable accommodations; or providing PAS would impose undue hardship on the agency.
5. Medical information gathered in this process is confidential and may only be shared with individuals who need to know the information to consider PAS for a specific individual.

ENCLOSURE 2  
REASONABLE ACCOMMODATION PROCEDURES

1. Requesting for a Reasonable Accommodation (RA).
  - 1.1 The RA process begins when an individual with a disability, or the individual's representative, requests an adjustment or modification to assist the individual to perform the essential functions of the position, to complete the application process, or to allow the individual to obtain equal access to a term, benefit, or privilege of employment.
  - 1.2 A healthcare professional, family member, or any other person, may serve as a representative to request an accommodation on behalf of an individual. This request should be in writing, but is not mandatory. Employees are recommended to fill out DHRA Form 1, "Request for a Reasonable Accommodation" (See Enclosure D) which will document the request to leadership and the RA Program Manager.
  - 1.3 An individual need not have a particular accommodation in mind before making a request.
  - 1.4 Whenever possible, the approving official will confirm the request with the individual needing the accommodation. Within five business days, absent unusual circumstances, the DHRA official who receives the request, if other than the approving official, will promptly forward the request to the approving official for action. Regardless of which DHRA official receives the initial notification, the approving official will normally provide a decision approving or denying the request for reasonable accommodation within 30 business days of receipt of all relevant documentation to support the reasonable accommodation request. This timeline may be extended when medical documentation is requested and when the interactive process is ongoing.
  - 1.5 Reasonable accommodation requests can be made orally or in writing, at any time, to an employee's first line supervisor, second or third line supervisor, any senior management official's supervisor, or the RA Program Manager. DHRA requires the completion of a RA request form for recordkeeping purposes (See Enclosure D).
  - 1.6 Once a decision is made, the requester's supervisor will communicate the results of the decision to the requester.
  - 1.7 The approving official and the employee with a disability should engage in an informal discussion to clarify the employee's needs and identify the appropriate reasonable accommodation. This discussion begins the RA Interactive Process. (See Enclosure C for more information on the Interactive Process).
  - 1.8 The approving official may ask the individual requesting the accommodation relevant questions to enable an informed decision about the request including the nature of the disability, the individual's functional limitations, and the appropriate types of reasonable accommodation.
  - 1.9 In all instances where the individual's disability is not obvious, sufficient medical documentation is required to substantiate the request for the accommodation.
  - 1.10 Recurring reasonable accommodations, such as the assistance of sign language interpreters or readers, do not need a written confirmation. Only the first request requires a written confirmation. Thereafter, the individual must give appropriate notice each time he or she needs the accommodation.

## 2. Timeframes for Processing Requests.

- 2.1 The amount of time it takes to respond to a request for reasonable accommodation depends on the nature of the accommodation and whether medical documentation is needed to confirm the existence of the disability and the need for a reasonable accommodation.
- 2.2 Approving officials should respond to reasonable accommodation requests as soon as possible. The process timeframe begins when an individual makes an oral or written request for a reasonable accommodation.
- 2.3 Initial Supervisory Steps:
  - 2.3.1 Within five (5) calendar days of receipt of the request, absent unusual circumstances, the supervisor shall acknowledge the request in writing and respond to the requestor by explaining that he or she will be the deciding official on the request.
  - 2.3.2 Within five (5) calendar days of receipt of the request, absent unusual circumstances, the supervisor shall complete the DHRA Form 5, Information Reporting (See Enclosure H) that will be provided to the requestor for signature if the request is made in an alternate format.
  - 2.3.3 Within five (5) calendar days of receipt of the request, absent unusual circumstances, the supervisor shall have an initial discussion with the employee and/or their representative to discuss the processing of the request, and the DPM will notify the employee of medical or additional supporting information needed to process the request.
  - 2.3.4 Interactive Process. Communication is priority and essential throughout the entire process. This means that the applicant or employee requesting the accommodation should also participate, to the extent possible, in helping to identify effective accommodations that are related to the interview and/or the essential functions of the job. Resources available to help both the deciding official and the individual requesting the accommodation are explained. As part of the interactive process, the supervisor (or RA Program Manager) and the employee (or applicant) requesting the reasonable accommodation shall communicate to ensure a full exchange of relevant information.
  - 2.3.5 The supervisor, normally within 30 calendar days, will notify the RA requester whether his or her request has been approved or denied.
  - 2.3.6 Third Party Requests. Prior to proceeding, the supervisor should, if practical, confirm that the individual with the disability does, in fact, want a reasonable accommodation. In this situation, the supervisor will process the third party's request to the extent possible and consult directly with the individual potentially needing the accommodation as soon as it is practicable.
  - 2.3.7 Absent extenuating circumstances, the approving official must begin the Interactive Process within five (5) business days and use the existing information to approve or reject the reasonable accommodation request in 30 calendar days. The requirement to provide a decision within 30 calendar days is suspended when the approving official requires medical documentation or additional information to make an informed decision, and starts again once adequate documentation or the required additional information is provided.



- 2.4 However, if the approving official can provide a particular reasonable accommodation in less time than is authorized under these procedures, the approving official should respond promptly to the request.
- 2.5 Expedited Processing. In certain circumstances it is possible that a request for reasonable accommodation will require an expedited review and decision in a timeframe that is shorter than 30 calendar days.
- 2.6 If approved, the employee will normally receive the accommodation within 15 business days unless extenuating circumstances delay implementation. Extenuating circumstances include factors that could not have reasonably been anticipated or avoided in advance of the request for accommodation.
- 2.7 When delays occur, approving officials must consider and provide temporary accommodations whenever possible. Approving officials will notify the employee, within three calendar days, if practicable, that such delays exist and a reason for the delays.
- 2.8 When there is a delay, any official who is involved in facilitating an effective accommodation solution must notify the employee's approving official. In such cases, the approving official must then confer with the employee to discuss providing temporary measures. If there is a delay in providing a reasonable accommodation, which has been approved, the supervisor shall determine whether temporary measures can be taken to assist the employee. For example, where an employee requests telework or an alternative work schedule as an accommodation due to his or her impairment, the approving official may grant the accommodation on a temporary, provisional basis while evaluating the request.
- 2.9 If a delay exists in either processing a request or delivering a reasonable accommodation and the delay is not attributable to the requesting individual, the approving official will notify the individual, in writing, of the specific reasons for the delay.
- 2.10 Whenever possible, the approving official should keep the individual informed of DHRA's expected process completion date.
- 2.11 Case-by-Case Basis. Every reasonable accommodation is evaluated on a case-by-case basis. When the disability or the need for an accommodation and the type of accommodation to be provided is clear, extensive discussions may not be necessary. If the approving official can provide a particular reasonable accommodation in less time than is authorized under these procedures, the approving official should respond promptly to the request.
- 2.12 Non-Responsiveness
  - 2.12.1 To the extent that DHRA fails to respond at all to a request for reasonable accommodation within the prescribed timeframes, this may constitute a "denial" of reasonable accommodation. In such cases, employees may appeal this "denial" to their second-level supervisor.
  - 2.12.2 To the extent that an employee who has requested a reasonable accommodation becomes non-responsive during the process; that is, does not respond to requests for requested documentation after repeated attempts, or otherwise, fails to continue the interactive discussion, absent extenuating circumstances, the DPM should make reasonable efforts to contact the employee and determine the reasons for the employee's non-responsiveness

- 2.12.3 If the employee remains non-responsive for 60 calendar days after the original request, the supervisor shall administratively close the case by completing the Denial of Reasonable Accommodation and the Reasonable Accommodation Information Reporting Worksheets, filling in the item pertaining to the reasons for the closure, attaching all supporting documents and providing a copy of the Denial of Reasonable Accommodation Worksheet to the employee. The supervisor shall also provide a copy of both worksheets to the DPM.
3. Requests for Computer and Electronic Equipment. When funds are available, the Computer/Electronic Accommodations Program (CAP) provides computer and electronic equipment to all DoD employees with disabilities. In order to maximize the use of all available resources, DHRA employees with a disability will first request assistive technology from CAP, if relevant to the disability, to fulfill a reasonable accommodation request. When funding or equipment is not available from CAP, DHRA will provide the assistive technology as part of an approved accommodation, as applicable.
- 3.1 Employees or approving officials may directly submit equipment requests to CAP. All information will be kept confidential. Employees or approving officials must provide a copy of the CAP request to the DHRA RA Program Manager. Additional information is available on the CAP website at [www.cap.mil](http://www.cap.mil).
- 3.2 CAP Procurement Exceptions. DHRA will acquire assistive technology equipment for an approved reasonable accommodation when CAP has notified DHRA that funding is not available or the requested accommodation will take substantially longer than 30 business days to acquire using the CAP process.
4. Approval of Reasonable Accommodation Requests.
- 4.1 Approving officials must provide reasonable accommodation decisions in writing. The form used to document the approval is DHRA Form 5, Information Reporting (See Enclosure H).
- 4.2 An approving official does not need to provide specific reasons for the decision to approve or partially approve a request, but should do so for record-keeping purposes.
- 4.3 Within five business days, as practicable, of providing the written decision to the requesting individual, the approving official will provide a copy of the final official reasonable accommodation decision to the RA Program Manager, for recordkeeping.
5. Requests for Medical Documentation.
- 5.1 The approving official, in coordination with the RA Program Manager, must confirm that the individual requesting a reasonable accommodation has a disability covered by reference (c). When the disability and need for reasonable accommodation is obvious or the individual previously provided the approving official with sufficient information to substantiate the need for reasonable accommodation, the approving official does not need to seek additional medical documentation to prove the existence of the disability.
- 5.2 If not already known to the approving official, the individual must provide medical documentation regarding the disability and any resulting functional limitations that show the need for a reasonable accommodation to the DHRA RA Program Manager.  
Documentation must:

- 5.2.1 Describe the nature, severity, and duration of the individual's disability, the activities the disability limits, and the extent to which the disability limits the individual's ability to perform the essential job functions.
- 5.2.2 Substantiate the need for the requested reasonable accommodation.
- 5.3 Employees will need to sign an Authorization for Disclosure of Information (See Enclosure I for current form) and send it to the RA Program Manager. The RA Program Manager will send the complete medical package to the FOH (or other contractor provider) for recommendations.
- 5.4 The approving official will make a determination if additional medical documentation is necessary. The approving official will promptly process the individual's request when additional documentation is not necessary.
- 5.5 The approving official may provide an interim reasonable accommodation until the employee provides sufficient documentation. The DHRA RA Program Manager will work with the approving official and the requesting individual to acquire sufficient documentation to substantiate the reasonable accommodation.
- 5.6 If there is a request for medical documentation, the time for making the decision on whether to grant or deny the RA request will be suspended until sufficient documentation is received. Supervisors shall document this fact on DHRA Form 4 (See Enclosure G)

#### 6. Denial of Reasonable Accommodation Requests.

- 6.1 When an approving official denies an individual's request for reasonable accommodation, the approving official must complete DHRA Form 4 (See Enclosure G) in its entirety and record the reason for the denial. The approving official must ensure that the decision to deny the request is provided to the employee and the DHRA RA Program Manager within 10 business days of the decision. The form must be in writing and contain one or both of the following reasons for the denial:
  - 6.1.1 Why the requested accommodation would not be effective; and/or
  - 6.1.2 Why the requested accommodation poses an undue hardship.
- 6.2 Before denying the request, the supervisor shall confer with appropriate subject matter experts to determine whether other effective reasonable accommodations exist which would not impose an undue hardship and, therefore, could be provided.
- 6.3 When evaluating budgetary or administrative concerns to determine if undue hardship exists, the DHRA shall follow the regulatory standards in 29 CFR § 1630.2(p)(2).
- 6.4 If the supervisor denies the reasonable accommodation request, he or she will promptly communicate this decision to the requestor and complete DHRA Form 4 (See Enclosure G). The supervisor shall also provide a copy of the written denial to the individual who made the request and a copy of both worksheets to the RA Program Manager.
- 6.5 The supervisor should provide requester information on how to file an EEO complaint and explain that the individual must initiate contact with an EEO Counselor within 45 days of the denial, regardless of whether the individual participates in an informal dispute resolution process.
- 6.6 Approving officials must write the reasons for the denial in plain language with as much specificity as possible.
- 6.7 If the approving official denied the specific requested reasonable accommodation, but offers an alternate solution, the DHRA official should explain both the reason(s) for the

denial of the individual's requested reasonable accommodation and the reason(s) why the alternative accommodation may be more effective.

6.8 Notification of Denial must be provided to the DHRA Employee by his or her supervisor providing notice of the right to:

6.8.1 Engage in informal dispute resolution, including the right to request for reconsideration and appeal to the next-level supervisor; and

6.8.2 Contact the DHRA EEO Office within 45 days of receipt of the written notice of denial, in accordance with 29 CFR § 1614.105(a)(1).

6.9 If an employee elects to seek reconsideration and appeal of the denial, the 45-day time period to contact the DHRA EEO Office is suspended until the final disposition of the request. Upon final disposition of the appeal it is the employee's responsibility to contact the EEO Office within 45-days of learning of the denial of the final appeal.

## 7. Medical Information Confidentiality

7.1 Any DHRA official involved in the reasonable accommodation process should only disclose the individual's medical documentation to those with a specific need to know, such as relevant personnel in HCD or OGC. Coworkers do not need to know the medical condition or be made aware that an accommodation was granted to the individual.

7.2 All medical documentation obtained through the reasonable accommodation process is confidential. This means the approving official should keep all medical documentation obtained regarding a request for reasonable accommodation, including information about functional limitations and needs, in designated files separate from the employee's personnel file. It also means anyone with knowledge of such information is strictly bound by confidentiality requirements to limiting access on a need-to-know basis. The approving official will provide the RA Program Manager with a copy of all medical documentation involved in the request.

7.3 Personnel with knowledge of the disability will only discuss the information if necessary, and only as follows:

7.3.1 The employee's approving official may be told about the employee's work restrictions, adjustments, limitations, and necessary accommodations.

7.4 If the medical documentation provided by the employee does not result in sufficient information, DHRA may request the employee to go to a health care provider of DHRA's choice at the Agency's expense. Consideration should be given to providing the employee interim or partial reasonable accommodations during the time the additional documentation is being obtained.

## 8. Reassignments

8.1 A reassignment will only be considered if no reasonable accommodations are effective to enable the employee to perform the essential functions of the current job, or if the only effective reasonable accommodation would cause undue hardship to DHRA, as determined by management.

8.1.1 If an alternative reasonable accommodation is not available, DHRA shall attempt to reassign the employee to a vacant position for which the employee is qualified and the reassignment would not cause an undue hardship. Consideration of a reassignment is only available to current DHRA employees.

- 8.1.2 A reassignment can be granted as a reasonable accommodation to a qualified probationary or career employee to a vacant position outside the employee's commuting area if the employee is willing to relocate
- 8.1.3 A qualified employee with a disability requesting reasonable accommodation may be offered a reassignment as a reasonable accommodation to a position for which a vacancy announcement has been published, as long as a selection to fill the position has not been made.
- 8.1.4 In considering whether there are positions available for reassignment, the supervisor shall coordinate with DLA HR and the individual requesting the reasonable accommodation to identify:
  - 8.1.4.1 All vacant positions within the employee's component (and, if the employee wishes, DHRA wide) for which the employee is qualified, with or without reasonable accommodation; and,
  - 8.1.4.2 All positions that DLA HR has reason to believe will become vacant over the next 90 calendar days and for which the employee is qualified.
- 8.1.5 The supervisor and DLA HR shall initially focus on positions that are equivalent to the employee's current job in terms of pay, status and other relevant factors.
- 8.1.6 If there is no vacant equivalent position, the supervisor and DLA HR shall consider vacant lower-level positions for which the individual is qualified.

## 9. Information Tracking.

- 9.1 The DHRA RA Program Manager will maintain records related to an individual's request for a reasonable accommodation for five years or the length of the employee's tenure or longer. The RA Program Manager will track all RA request and collect at a minimum:
  - 9.1.1 The specific reasonable accommodation requested
  - 9.1.2 The job (occupational series, grade level, and agency component) sought by the applicant or held by the employee requiring the accommodation.
  - 9.1.3 Whether the request was needed to apply for a job, perform the essential functions of a job, or enjoy the benefits and privileges of employment.
  - 9.1.4 Whether the request was granted or denied. If denied the basis for the denial.
  - 9.1.5 The identity of the deciding official.
  - 9.1.6 The number of days to process the request.
  - 9.1.7 The annual report will also be provided to the EEOC Federal Agency Annual EEO Program Status Report Special Program Plan for the Recruitment, Hiring, and Advancement of Individuals with Targeted Disabilities.

## 10. Costs and Resources.

- 10.1 DHRA and its Component Directors shall identify appropriate funding for approved reasonable accommodations.
- 10.2 No reasonable accommodation will be denied for reasons of cost alone, unless the cost amounts to an "undue hardship," and individuals with disabilities are not excluded from employment due to the anticipated cost of a reasonable accommodation.



ENCLOSURE 4  
DHRA FORM 1, REQUEST FOR A REASONABLE ACCOMODATION

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

<b>REQUEST FOR REASONABLE ACCOMMODATION</b> <i>(Read Instructions And Privacy Act Statement on back of form Before Completing)</i>	
<b>1. REQUEST NUMBER</b> (Internal Use Only) :	<b>2. NAME OF EMPLOYEE OR APPLICANT:</b>
RA-18-	
<b>3. PHONE NUMBER:</b>	<b>4. ORGANIZATION:</b>
<b>5. TODAY'S DATE:</b>	<b>6. REQUEST DATE:</b>
<b>7. ACCOMMODATION REQUESTED:</b>	
<b>8. REASON FOR REQUEST:</b>	
<b>9. ACCOMMODATION IS:</b>	
<input type="radio"/> Temporary <input type="radio"/> Permanent	
<b>10. IF TEMPORARY, EXPLAIN AND PROVIDE EXPECTED DURATION OF THIS ACCOMMODATION</b>	
<b>11. REQUESTOR'S NAME:</b>	<b>13. REQUESTOR'S SIGNATURE:</b>
<b>12. REQUESTOR'S TITLE:</b>	

## INSTRUCTIONS

### PRINT OR TYPE ALL RESPONSES

Request for Reasonable Accommodation Worksheet: This is what gives authorization to start the Reasonable Accommodations process. Form must be completed by the employee and/or supervisor and return it to Disability Program Office as soon as possible.

Instructions:

1. Disability Program Office or designee will assign Reasonable Accommodations request number. This number will be used on "ALL" correspondence pertaining to this request.
2. Name of Employee or Applicant: Provide the name (Last, First, M.I.) of the employee or applicant requiring the accommodation.
3. Contact Number: The ten digit (000-000-0000) preferred phone number where the employee/applicant can be reached during normal duty hours.
4. Office Location: Component name and location; e.g., Mark Center, HQ, Alexandria VA.
5. Today's Date: The date (DD-MMM-YYYY) the form is completed.
6. Request Date: Use the earliest date (DD-MMM-YYYY) the supervisor or Disability Program Office was notified of the request.
7. Accommodation Requested: Be as specific as possible, e.g., Adaptive equipment, Reader, Interpreter, Testing Material. Use a separate piece of paper or add additional supporting documents if necessary.
8. Reason for Request: Explain reasoning and time sensitivity by answering the following question. What limitation is interfering with the employees' ability to perform their job or utilize an employment benefit? E.g., employee is visually impaired and requires a larger computer monitor or applicant is hearing impaired and requires a sign language interpreter for their interview on 31 August 2025. Use a separate piece of paper or add additional supporting documents if necessary.
9. Accommodation Is: Check one box. Less than one year is considered temporary.
10. If Temporary: Explain and provide expected duration of this accommodation. Use a separate piece of paper or add additional supporting documents if necessary.
11. Requestor's Name: Provide the name (Last, First, M.I.) of the person completing the form.
12. Requestor's Title: Provide the title of the person completing the form.
13. Requestor's Signature: Electronic/digital or wet signature of the person completing the form.



Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 29 U.S.C. 791, Employment of Individuals with Disabilities; 42 U.S.C. Chapter 126, Equal Opportunity for Individuals with Disabilities; 29 CFR Part 1630, Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; and Director of Administration and Management Administrative Instruction 114, Reasonable Accommodation Program for Individuals with Disabilities

**PRINCIPAL PURPOSE(S):** To establish case records and document the consideration, decision, and implementation of requests for reasonable accommodation made by DHRA employees and applicants with physical and mental impairments.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Disclosure When Requesting Information Routine Use, Disclosure of Requested Information Routine Use, Congressional Inquiries, Disclosure to the Office Personnel Management Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, Disclosure to the Merit systems Protection Board Routine Use, and Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found Online at: <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

**DISCLOSURE:** Voluntary; however, failure to provide information may delay or impede the process of this Reasonable Accommodation Request.

#### ADDITIONAL COMMENTS:

ENCLOSURE 5  
DHRA FORM 2, REQUEST FOR MEDICAL DOCUMENTATION

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

<b>REQUEST FOR MEDICAL DOCUMENTATION</b> <i>(Read Privacy Act Statement and Instructions on back of form before completing)</i>	
<b>SECTION 1- PATIENT AND MEDICAL PROFESSIONAL INFORMATION</b>	
<b>1. REQUEST NUMBER (Internal Use Only):</b>	<b>2. NAME OF PATIENT:</b>
<b>3. NAME OF MEDICAL PROFESSIONAL:</b>	<b>4. TITLE OF MEDICAL PROFESSIONAL:</b>
<b>5. NAME OF MEDICAL FACILITY:</b>	<b>6. ADDRESS OF MEDICAL TREATMENT FACILITY:</b>
<b>SECTION 2 – PHYSICAL OR MENTAL IMPAIRMENT</b>	
<b>7. DOES YOUR PATIENT HAVE ANY PHYSICAL OR MENTAL IMPAIRMENT(S)?</b> <input type="radio"/> YES <input type="radio"/> NO	
<b>8. IF YES, PLEASE STATE THE IMPAIRMENT(S):</b>	
<b>9. HISTORY OF THE IMPAIRMENT INDICATED IN QUESTION #8:</b>	
<b>10. IF A LIFE ACTIVITY IS LIMITED BY THE PHYSICAL OR MENTAL IMPAIRMENT LISTED IN QUESTION #8, PLEASE IDENTIFY WHICH LIFE ACTIVITY IS LIMITED.</b>	
<input type="checkbox"/> REACHING <input type="checkbox"/> WALKING <input type="checkbox"/> SEEING <input type="checkbox"/> EATING <input type="checkbox"/> CARING FOR ONESELF <input type="checkbox"/> THINKING <input type="checkbox"/> READING <input type="checkbox"/> SPEAKING <input type="checkbox"/> BREATHING <input type="checkbox"/> INTERACTING WITH OTHERS <input type="checkbox"/> LIFTING <input type="checkbox"/> STANDING <input type="checkbox"/> SITTING <input type="checkbox"/> BENDING <input type="checkbox"/> PERFORMING MANUAL TASKS <input type="checkbox"/> HEARING <input type="checkbox"/> SLEEPING <input type="checkbox"/> WORKING <input type="checkbox"/> CONCENTRATING <input type="checkbox"/> LEARNING <input type="checkbox"/> OTHER    IF OTHER, PLEASE SPECIFY: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

**11. PLEASE SPECIFY HOW AND TO WHAT DEGREE YOUR PATIENT IS LIMITED IN EACH OF THE LIFE ACTIVITIES IDENTIFIED IN QUESTION 10?**

LIFE ACTIVITY	TO WHAT DEGREE RESTRICTED	ABLE TO PERFORM

**12. IF YOUR PATIENT'S IMPAIRMENT IS EPISODIC IN NATURE, HOW OFTEN DOES IT OCCUR AND HOW LONG DO THE SYMPTOMS LAST?**

**13. HOW LONG WILL YOUR PATIENT BE LIMITED IN PERFORMING THE LIFE ACTIVITY OR ACTIVITIES, IDENTIFIED IN QUESTION #8?**

- 1 MONTH OR LESS     
  1-3 MONTHS     
  3-6 MONTHS  
 6-12 MONTHS     
  1 YEAR OR MORE

**SECTION 3 - ACCOMMODATION**

**14. DO THE LIMITATIONS YOU IDENTIFIED IN QUESTION #10 RESTRICT THE PATIENT'S ABILITY TO PERFORM THE JOB OR COMPLY WITH THE REQUIREMENTS OF THE POSITION?**

- YES     
  NO

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<b>15. IF YES, PLEASE IDENTIFY THE FUNCTIONS OF YOUR PATIENT'S JOB THAT HE OR SHE IS ABLE TO PERFORM AND THOSE FUNCTIONS HE OR SHE IS UNABLE TO PERFORM.</b>	
UNABLE TO PERFORM:	
ABLE TO PERFORM:	
<b>16. DOES THE PATIENT REQUIRE A LEAVE OF ABSENCE?</b> <input type="radio"/> YES <input type="radio"/> NO	
<b>17. IF YES, WOULD THE LEAVE OF ABSENCE BE:</b> <input type="radio"/> CONTINUOUS <input type="radio"/> INTERMITTENT	
<b>18. IF CONTINUOUS, WOULD THE LEAVE BE INDEFINITE?</b> <input type="radio"/> YES <input type="radio"/> NO	
<b>19. IF THE LEAVE OF ABSENCE IS NOT INDEFINITE, PLEASE SPECIFY THE FIRST DAY OF LEAVE AND THE DATE THE PATIENT IS EXPECTED TO RETURN TO WORK.</b>	
FIRST DAY OF LEAVE:	RETURN TO WORK DATE:
<b>20. IF INTERMITTENT, PLEASE SPECIFY THE PERIOD OF THE TIME FRAME THE INTERMITTENT LEAVE IS NEEDED FOR, AS WELL AS, THE NUMBER OF DAYS PER MONTH OR WEEK THAT YOUR PATIENT WOULD REQUIRE MEDICAL LEAVE.</b>	
INTERMITTENT LEAVE START DATE:	INTERMITTENT LEAVE END DATE:
NUMBER OF DAYS PER WEEK	NUMBER OF DAYS PER MONTH
<b>21. IN YOUR MEDICAL OPINION, IF YOUR PATIENT CANNOT PERFORM THEIR CURRENT JOB WITH OR WITHOUT A REASONABLE ACCOMMODATION WOULD YOUR PATIENT BE ABLE TO WORK ANOTHER POSITION?</b>	
<input type="radio"/> YES <input type="radio"/> NO	



Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

**26. IF YES, WHAT ACCOMMODATION, IF ANY, WOULD ELIMINATE ANY DIRECT THREAT, OR REDUCE IT BELOW THE LEVEL OF A DIRECT THREAT?**

--

**27. PROGNOSIS AND DIAGNOSIS:**

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**SECTION 5 – CERTIFICATION**

**THE INDIVIDUAL NAMED ABOVE IS MY PATIENT. THE INFORMATION PROVIDED HERE IS BASED UPON MY KNOWLEDGE OF THE PATIENT AND THE PATIENT'S PHYSICAL OR MENTAL IMPAIRMENT.**

<b>28. SIGNATURE OF MEDICAL PROFESSIONAL:</b>	<b>29. DATE:</b>
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<b>30. WORK PHONE :</b>	<b>31. WORK EMAIL:</b>
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Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

### RELEASE AUTHORIZATION

I understand that:

- A. I have the right to revoke this authorization at any time and my revocation must be in writing and provided to the Disability Program Office.
- B. I am aware that if I later revoke this authorization, the person(s) I herein Name will have used and/or disclosed my protected information on the basis of this authorization.
- C. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- D. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the privacy act and 45 CFR §164.524.

I request and authorize the named provider/treatment facility to release the information described above to the named individual/organization indicated.

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## HOW TO USE THIS FORM

Your patient has requested a reasonable accommodation due to a medical condition and to expedite the processing of your patient's request please ensure your responses are **VERY specific**. Once completed, please return this document to your patient. The patient will return the document to The Defense Human Resources Activity (DHRA) Disability Program Office (DPO). **PLEASE PRINT OR TYPE YOUR RESPONSES.**

Please attach additional pages as necessary as well as any supporting medical documentation, and execute the attached medical release. However, **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 ask 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 productive services.

## INSTRUCTIONS

### PRINT OR TYPE ALL RESPONSES

**Medical Request Worksheet:** Completed by the employee and the employee's medical provider. The employee's current position description is attached to this form, as the medical provider will need to have knowledge of the essential functions of the employee's job. Feel free to use bond paper if necessary and attach all documentation needed to support the request.

#### Section 1

1. Patient Request Number: Provided by the Disability Program Office.
2. Name of Patient: Last name, first name and middle initial of patient.
3. Name of Medical Professional: Last, First, M.I. of medical professional providing treatment for the medical condition or limitation in question. Please use a SEPARATE form for each "medical professional."
4. Title of Medical Professional: Doctor, Physician's Assistant, Nurse, etc.
5. Name of Medical Treatment Facility/Business: Self-explanatory.
6. Medical Treatment Facility/Business Address: Self-explanatory.

#### Section 2

7. Does the patient have any physical or mental impairment: Select Yes or No.
8. If you answer YES for question 7, please explain the impairment. Example: vision impaired or hearing impaired,



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9. Please indicate the **INITIAL DATE** the condition was medically diagnosed and describe in detail any previous medical restrictions associated with the impairment to include the degree to which the patient was limited. Please include the before and after dates of any previous restrictions associated with impairment in question.
10. If life activity is limited by the physical or mental impairment listed in question #8, please identify which life activity is limited, (Check all boxes that apply.)
11. Please **specify** how and to what degree your patient is limited in each of the life activities identified in question #10? For example: If lifting was identified as a limited life activity, how many pounds can your patient lift and the frequency or duration? If working was identified, please specify the class of jobs or broad range of jobs that the patient is unable/able to perform. If performing manual tasks was identified, please specify the tasks that are important to most people's daily lives that the patient is unable/able to perform.
12. If your patient's impairment is episodic in nature, how often does it occur and how long do the symptoms last?
13. How long will the patient be limited in performing the life activity or activities, as described in question #12? If unsure, check the box that will best describe the longevity of your limitation.

### Section 3

14. Please review the patient's job requirements in the attached position description. Do the impairments identified in question #8 restrict the patient's ability to perform their job or comply with the requirements of the position? (Check yes or no)
15. If yes, please identify the functions of the patient's job he or she is able to perform and those functions he or she is unable to perform.
16. Does the patient require a leave of absence? Self-explanatory
17. If yes, would the leave of absence be? Self-explanatory
18. If continuous, would the leave be indefinite? **\*\*\*For questions #20 and #21, only answer the question that addresses the box you check for question #18 and #19.**
19. If the leave of absence is not indefinite, please specify the day of leave and the date the patient is expected to return to work.
20. If intermittent, please specify the time frame the intermittent leave is needed for as well as, the number of days per month or week the patient would require medical leave.
21. In your medical opinion, if the patient cannot perform their current job with or without a reasonable accommodation would the patient be able to work another position? (Self-explanatory)
22. If yes, please specify what other position(s) or work the patient could perform. (Self-explanatory)

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**Section 4**

- 23. Would performing all of the functions of the patient's job, either with or without an accommodation, result in a direct threat (significant risk of substantial harm) to the safety or health of the employee or other persons?: Self-explanatory
- 24. Please describe any direct threat to health or safety identified in question #23. (Self-explanatory)
- 25. Would an accommodation eliminate the direct threat to health or safety, or reduce it to below the level of a direct threat?: (Self-explanatory)
- 26. If yes, what accommodation, if any, would eliminate any direct threat, or reduce it below the level of a direct threat. :Self-explanatory
- 27. Please provide the prognosis and diagnosis of "each" medical condition and/or limitation associated with this request. **Prognosis** is defined as a medicine or medical a forecasting of the probable course and outcome of a medical condition to include the chances of recovery. **Diagnosis** is the process of determining which disease or condition explains a person's symptoms and signs.

**Section 5**

The individual named above is my patient. The information provided here is here is based upon my knowledge of the patient and the patient.

- 28. Signature of Medical Professional
- 29. Date (DD-MMM-YYYY)
- 30. Phone (XXX-XXX-XXXX) Preferred phone number in the event there are questions.
- 31. Email: Preferred email number in the event there are questions.

**ADDITIONAL COMMENTS:**

[Empty box for additional comments]

ENCLOSURE 6  
DHRA FORM 3, RA INTERACTIVE PROCESS DOCUMENTATION FORM

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<b>REASONABLE ACCOMMODATION INTERACTIVE PROCESS</b> <i>(Read Privacy Act Statement and Instructions on back of form before completing)</i>			
<b>SECTION 1- EMPLOYEE AND REQUEST INFORMATION</b>			
1. REQUEST NUMBER (Internal Use Only):			
2. EMPLOYEE NAME:		3. ORGANIZATION:	
4. JOB TITLE:	5. GRADE/RANK:	6. JOB SERIES:	7. DATE OF REQUEST:
<b>SECTION 2- SUPERVISOR COMPLETING CHECKLIST</b>			
8. NAME:		9. JOB TITLE:	
10. GRADE/RANK:	11. DATE CHECKLIST INITIATED:	12. DATE CHECKLIST COMPLETED:	
<b>SECTION 3 – THE INTERACTIVE CONVERSATION</b>			
13. IDENTIFY THE ESSENTIAL FUNCTIONS OF THE EMPLOYEE'S POSITION OR ASSIGNED DUTIES.			

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**14. DESCRIBE THE EMPLOYEES WORK RESTRICTIONS OR LIMITATIONS IN LIGHT OF THE ESSENTIAL FUNCTIONS OF THE EMPLOYEE'S POSITION OR ASSIGNED DUTIES.**

**15. HOW LONG DOES THE EMPLOYEE THINK HE/SHE WILL HAVE RESTRICTIONS?**

**16. DOES THE EMPLOYEE FORESEE ANY BARRIERS OR DIFFICULTIES IN PERFORMING THE ESSENTIAL FUNCTIONS OF THEIR JOB OR ASSIGNED DUTIES WITH THE RESTRICTIONS OR LIMITATIONS?**

**17. WHAT ACCOMMODATIONS, WOULD EFFECTIVELY ENABLE THE EMPLOYEE TO PERFORM THE ESSENTIAL FUNCTIONS OF THEIR JOB OR ASSIGNED DUTIES?**

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<b>18. ARE ANY OF THE IDENTIFIED ACCOMMODATIONS REASONABLE?</b>	
<b>19. DOES THE EMPLOYEE HAVE ANY MEDICAL DOCUMENTATION?</b> <input type="radio"/> YES <input type="radio"/> NO	
<b>20. DATES FOR FOLLOW-UP DISCUSSIONS:</b>	
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
	RA-18-004
<b>DATE OF PLANNED FOLLOW-UP DISCUSSION:</b>	<b>DATE FOLLOW-UP DISCUSSION CONDUCTED:</b>
<b>SECTION 4 - REVIEW OF THE INITIAL INTERVIEW</b>	
Use the questions and your answers to help create a possible solution or explain why the accommodation cannot be provided.	
<b>21. WHAT ACCOMMODATIONS CAN THE AGENCY PROVIDE?</b>	

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<b>22. WHAT EQUIPMENT CAN THE AGENCY PROVIDE?</b>
<b>23. IS THE EMPLOYEE OPEN TO A JOB CHANGE IF NECESSARY?</b>
<b>24. WOULD A CHANGE IN SCHEDULE SOLVE THE PROBLEM? IF SO, IDENTIFY THE PROPOSED SCHEDULE?</b>
<b>25. IF THE REQUESTED ACCOMMODATION IS EXTENSIVE LEAVE OF ABSENCE, CAN THE POSITION BE HELD?</b>
<b>26. IF THE ACCOMMODATION IS APPROVED, WHAT AFFECT, IF ANY, WOULD IT HAVE ON THE WORK CENTER?</b>



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### SECTION 5 – REVIEW AND APPROVAL

- Send this completed checklist to the DPM who will advise on how to move forward with the accommodation.
- The Disability Program Office (DPO) may contact you for more information.
- If you have determined you cannot accommodate the employee the Disability Program Office can assist in facilitating the discussion with the employee.
- Be prepared to meet with the employee on multiple occasions to provide additional solution.

### SECTION 6 – MONITORING AND FOLLOW-UP

- Meeting with the employee to establish or implement the accommodations;
- Provide the employee written confirmation of this approved accommodation;
- Periodically confirm with the employee that the accommodation is effective; and
- Document the plan's progress and provide all follow-up notes to the DPO for inclusion in the employees request for reasonable accommodation file.

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**DISCLOSURE:** Voluntary; however, failure to provide this information may delay or impede your Reasonable Accommodation Request.

### INSTRUCTIONS

#### PRINT OR TYPE ALL RESPONSES

DHRA is committed to creating a rewarding place for our employees to work. From time to time, an employee may not be able to perform all of the duties of his or her job without a reasonable accommodation. We engage in an interactive process with employees to explore accommodations that allow them to continue to work without creating an undue hardship on the work environment. This form is designed to assist you in that process and in documenting your conversations with the employee, the Disability Program Office (DPO) and the assessment of possible accommodations.



**Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.**

**The supervisor should have a meeting or series of meetings with the employee to discuss the request for accommodation, the work restrictions and identify reasonable accommodations, if any, to permit the employee to perform all of the essential job functions.** This should be a two-way conversation with the objective of finding an effective accommodation that would permit the employee to perform the essential functions of a job. **The supervisor should take notes on the "Interactive Process Checklist" any time they talk to the employee regarding these issues.** The checklist and any notes should be maintained in a confidential file for that employee separate from any other documentation or personnel actions not associated with the request for accommodation. Before meeting with the employee, review the employee's current job description and any available physical job analysis for the position in question. Identify the essential and non-essential functions of the job duties and purpose(s) for which the job exists.

**The supervisor should ask the following questions during the interactive conversations. (NOTE: You may need to ask additional follow-up questions based on the information provided by the employee.)**

### **Section 1- Employee and Request Information**

1. Request Number: Provided by the Disability Program Office.
2. Employee Name: Last name, first name and middle initial of the person needing the reasonable accommodation.
3. Organization: Office location of the person needing the accommodation. For example: Mark Center, HQ, Alexandria VA.
4. Job Title: Self-explanatory.
5. Grade/Rank: Self-explanatory.
6. Job Series: Self-explanatory.
7. Date of Request: DD-MMM-YYYY

### **Section 2- Supervisor Completing Checklist**

8. Name: Last name, first name and middle initial of the person completing the checklist.
9. Job Title: Self-explanatory.
10. Grade/Rank: Self-explanatory.
11. Date Checklist Initiated: Date (DD-MMM-YYYY) the checklist was initiated.
12. Date Checklist completed: Date (DD-MMM-YYYY) the checklist was completed.

### **Section 3- Interactive Conversation**

Before meeting with the employee, review the employee's current job description and any available physical job analysis for the position in question. Identify the essential and non-essential functions of the job duties and purpose(s) for which the job exists.

13. Review the job description with the employee and explain the essential functions of the employee's position. (Essential functions should be determined prior to the meeting).
14. Summarize your discussion with the employee. What can the employee do? What can the employee not do? What does the employee find challenging?

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

15. Summarize your discussion with the employee. Ensure you capture the anticipated duration and what can be done to ease or eliminate the restrictions or what type of activities associated with required duties or activities may have a negative impact on the restrictions.
16. Summarize your discussion with the employee: Document all perceived barriers or difficulties the employee may have in performing the essential functions of their job or assigned duties because of the restrictions or limitations?
17. Summarize your discussion with the employee: List the possible accommodations. Either the employee or the supervisor may suggest additional accommodations. The following is a list of possible accommodations (the list is not exhaustive): redesign of essential job function; modified work duties; part-time or modified work schedule; shift change; leave of absence; transfer to vacant position if qualified; create light duty; special equipment or other resource.)
18. Summarize your discussion with the employee: List the accommodation(s), assess if it is reasonable and if not, use **FACTS** and not assumptions or assertions to explain why not. For example, explain if the accommodation is not reasonable because it would eliminate the reason for the position or essential functions of the job, or because it would affect operations or the ability of other employees to perform their duties and/or the work section's ability to conduct business.
19. If yes, do not accept any medical documentation from the employee. Ask the employee to provide the documentation to the Disability Program Office. The supervisor can review any medical documentation the employee wishes to share. Do not force, require or demand the employee to disclose medical information.
20. Use this block to annotate dates of follow-up discussion with the employee. At the end of the interview advise the employee that you must consult with the Disability Program Office and provide an estimation of when you will follow-up with the employee. A good estimation is three to five duty days.

#### **Section 4- Review of the Initial Interview**

Use this section to create a possible solution or explain why the accommodation cannot be provided.

21. Identify what the agency can do to accommodate the employee. For example: telework, flexible work schedule, change office space, etc.
22. Identify what type of equipment the agency can provide. For example: ergonomic keyboard, mouse or chair.
23. This is a last resort in the event the agency is unable to provide a reasonable accommodation.
24. Identify the schedule to include days of the week and hours the employee would be expected to work.

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

25. If the requested accommodation is a leave of absence, consult with Disability Program Office who will coordinate with the Human Resources and the Office of General Counsel to determine how long the agency can hold the employee's position?
26. Identify mission-impacting issues such as additional personnel or funding not directly connected to the reasonable accommodation but would be impacted by granting the accommodation?
27. List the accommodation(s) and reason(s) for the denial, however, do not include the name of the employee whose accommodation was denied or their medical condition?
28. Identify if several of your other employees requested the same accommodation is this something the agency could support without creating an undue hardship. An example would be if all employees wanted to telework full time that may be a hardship. If all employees wanted adjustable work stations that may not be a hardship.
29. If the accommodation is denied, provide a **FACT** based synopsis of the hardship on the agency. Be prepared to provide additional documentation to support the denial.
30. Check the box(s) that best describes your proposed solution and provide a synopsis if necessary?

**ADDITIONAL COMMENTS:**

ENCLOSURE 7  
DHRA FORM 4, DENIAL OF REASONABLE ACCOMODATION

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

<b>DENIAL OF REASONABLE ACCOMMODATION</b> <i>(Read Privacy Act Statement and Instructions on the back of form before completing)</i>	
<b>1. REQUEST NUMBER (Internal Use Only):</b>	<b>2. DATE REASONABLE ACCOMMODATION DENIED:</b>
RA-17-	
<b>3. NAME OF INDIVIDUAL IN NEED OF THE REASONABLE ACCOMMODATION:</b>	
<b>4. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED:</b>	
<b>5. REQUEST FOR REASONABLE ACCOMMODATION DENIED BECAUSE:</b>	
<input type="checkbox"/> ACCOMMODATION INEFFECTIVE	
<input type="checkbox"/> ACCOMMODATION WOULD CAUSE UNDUE HARDSHIP	
<input checked="" type="checkbox"/> MEDICAL DOCUMENTATION INADEQUATE	
<input type="checkbox"/> ACCOMMODATION WOULD REQUIRE REMOVAL OF AN ESSENTIAL FUNCTION	
<input type="checkbox"/> ACCOMMODATION WOULD REQUIRE LOWERING OF PERFORMANCE OR PRODUCTION STANDARD	
<input type="checkbox"/> OTHER	
<b>IF OTHER PLEASE SPECIFY:</b>	
<b>6. DETAILED REASON(S) FOR THE DENIAL OF REASONABLE ACCOMMODATION</b>	

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

7. WAS AN ALTERNATE REASONABLE ACCOMMODATION OFFERED? IF SO, EXPLAIN WHY.	
8. DID THE EMPLOYEE EXERCISE THEIR RIGHT TO RECONSIDERATION? IF SO, WHAT ADDITIONAL INFORMATION WAS PROVIDED?	
9. WAS THE EMPLOYEE ADVISED OF THEIR RIGHTS TO FILE AN EEO COMPLAINT OR GRIEVANCE?	
10. NAME OF DECIDING OFFICIAL	11. SIGNATURE OF DECIDING OFFICIAL
<b>PRIVACY ACT STATEMENT</b>	
<p><b>AUTHORITY:</b> 29 U.S.C. 791, Employment of Individuals with Disabilities; 42 U.S.C. Chapter 126, Equal Opportunity for Individuals with Disabilities; 29 CFR Part 1630, Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; and Director of Administration and Management Administrative Instruction 114, Reasonable Accommodation Program for Individuals with Disabilities</p> <p><b>PRINCIPAL PURPOSE(S):</b> To establish case records and document the consideration, decision, and implementation of requests for reasonable accommodation made by DHRA employees and applicants with physical and mental impairments.</p> <p><b>ROUTINE USE(S):</b> Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Disclosure When Requesting Information Routine Use, Disclosure of Requested Information Routine Use, Congressional Inquiries, Disclosure to the Office Personnel Management Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, Disclosure to the Merit systems Protection Board Routine Use, and Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found Online at: <a href="http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx">http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx</a>.</p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to provide this information may delay or impede your Reasonable Accommodation Request.</p>	

**INSTRUCTIONS**  
**PRINT OR TYPE ALL RESPONSES**

The Supervisor shall complete and provide a copy of the Denial of Reasonable Accommodation Request Worksheet to the Disability Program Office.

Must complete numbers 1-4; complete number 5, if applicable.

1. Provided by the Disability Program Office.
2. Date (DD-MMM-YYYY) the reasonable accommodation was denied.
3. Last name, first name and middle initial of the individual in need of the reasonable accommodation.
4. Type(s) of reasonable accommodation requested.
5. Identify why the reasonable accommodation was denied (check all that apply).
6. Provide detailed reason(s) for the denial of reasonable accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship).
7. 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.
8. If an individual wishes to request reconsideration of this decision, he/she may take the following steps:
  - a) Ask the supervisor to reconsider the denial. Additional information may be presented to support this request and if the supervisor does not reverse the denial.
  - b) The individual can ask the next person in the chain of command to approve the accommodation.
  - c) If the individual is still not satisfied, then he/she can seek counseling from the DHRA Equal Employment Opportunity (EEO) office.
9. If an individual elects to file an EEO complaint, he/she must contact the DHRA EEO office within 45 calendar days from the date of the notice of denial of reasonable accommodation or file a written grievance through the Human Resources office.
10. Last name, first name and middle initial of the individual making the final determination of the reasonable accommodation.
11. Signature of the individual making the final determination of the reasonable accommodation.

ENCLOSURE 8  
DHRA FORM 5, INFORMATION REPORTING

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

<b>REASONABLE ACCOMMODATION INFORMATION REPORTING</b> <i>(Read Privacy Act Statement and Instructions on back of form before completing)</i>		
1. REQUEST NUMBER (Internal Use Only):		
2. NAME :	3. ORGANIZATION:	
4. JOB TITLE:	5. GRADE/RANK:	6. JOB SERIES:
8. REASONABLE ACCOMMODATION REQUEST:		9. DECISION DATE:
<input type="radio"/> APPROVED <input type="radio"/> DENIED		
11. REASONABLE ACCOMMODATION REQUEST RECEIVED BY:		12. DATE REQUEST WAS RECEIVED
13. DATE REFERRED TO DECISION MAKER	14. NAME AND TITLE OF DECISION MAKER	
15. WERE TIMELINES MET? IF NOT, WHY? <input type="radio"/> YES <input type="radio"/> NO		
16. JOB HELD OR DESIRED BY INDIVIDUAL NEEDING THE REASONABLE ACCOMMODATION:		

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

<b>17. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED?</b>	
<b>18. REASON FOR ACCOMMODATION?</b>	
<b>19. TYPES OF REASONABLE ACCOMMODATION PROVIDED:</b>	
<b>20. COST OF ACCOMMODATION:</b>	\$
<b>21. WAS MEDICAL INFORMATION REQUIRED TO PROCESS THIS REQUEST? If yes, explain why:</b> <input type="radio"/> YES <input type="radio"/> NO	
<b>22. SOURCES OF TECHNICAL ASSISTANCE:</b>	
<b>23. COMMENTS:</b>	
<b>24. SIGNATURE OF DECISION MAKER:</b>	<b>25. WORK PHONE:</b>



Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

### INSTRUCTIONS

#### PRINT OR TYPE ALL RESPONSES

Attach copies of **ALL** documents obtained or developed in processing this request.

Please return the completed form to the Disability Program Office.

**DO NOT** include medical documentation to the Disability Program Office.

1. Request Number: Provided by the Disability Program Office.
2. Name of Individual Needing Reasonable Accommodation: Provide the name (Last, First, M.I.) of the employee or applicant requiring the accommodation.
3. Organization of person needing a Reasonable Accommodation: (Work site)
4. Job Title: (Self-explanatory)
5. Grade/Rank: (Self-explanatory)
6. Job Series: (Self-explanatory)
7. Date of Request: (DD-MMM-YYYY) – Enter Date of Request initiation
8. Reasonable Accommodation Request: (If denied, state reason in block 16.)
9. Decision Date: (DD-MMM-YYYY) – Enter date Decision made
10. Date accommodation was approved and provided: (Provide Date (DD-MMM-YYYY))
11. Reasonable Accommodation Request Received By: (Enter name of person taking request)
12. Date Request was Received: (DD-MMM-YYYY)
13. Date Referred to Decision Maker: (DD-MMM-YYYY)
14. Name and Title of Decision Maker: (i.e., supervisor, Employee Relations Specialist, Disability Program Manager, Personnel Management Specialist)
15. Were timelines met? If not, why? (Select Yes or No)
16. Job Held or Desired by Individual Requesting Reasonable Accommodation, Include Occupational Series, Grade Level and Office
17. Types of Reasonable Accommodation Requested: (e.g., Adaptive Equipment, Staff Assistant, removal of Architectural Barrier)
18. Reason for Accommodation? (Explain why)
19. Types of Reasonable Accommodation Provided: (If Different From What Was Requested)
20. Cost of Accommodation: (Enter in dollar amount)
21. Was Medical Information Required to Process this Request? If Yes, Explain Why

Per General Records Schedule (GRS) 4.3, Item 12, destroy after the information has been captured in the DHRA Reasonable Accommodations System.

22. Sources of Technical Assistance, If Any, Consulted in Attempts to Identify Possible Reasonable Accommodations: (e.g., Job Accommodation Network, Disability Organization, Disability Program Manager)

23. Comments: (Enter additional comments as necessary)

24. Signature of Decision Maker:

25. Work Phone: (XXX-XXX-XXXX) Best number to reach you at.

**ADDITIONAL COMMENTS:**

#### PRIVACY ACT STATEMENT

**AUTHORITY:** 29 U.S.C. 791, Employment of Individuals with Disabilities; 42 U.S.C. Chapter 126, Equal Opportunity for Individuals with Disabilities; 29 CFR Part 1630, Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; and Director of Administration and Management Administrative Instruction 114, Reasonable Accommodation Program for Individuals with Disabilities

**PRINCIPAL PURPOSE(S):** To establish case records and document the consideration, decision, and implementation of requests for reasonable accommodation made by DHRA employees and applicants with physical and mental impairments.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Disclosure When Requesting Information Routine Use, Disclosure of Requested Information Routine Use, Congressional Inquiries, Disclosure to the Office Personnel Management Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, Disclosure to the Merit systems Protection Board Routine Use, and Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found Online at: <http://dpclid.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>.

**DISCLOSURE:** Voluntary; however, failure to provide this information may delay or impede your Reasonable Accommodation Request.

**ENCLOSURE 9**  
**FOH FORM 6, AUTHORIZATION FOR DISCLOSURE OF INFORMATION**

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Federal Occupational Health Service**  
 Medical Employability Program  
 FAX: 301-594-3321  
 Email: Medical.Employability@foh.hhs.gov

**AUTHORIZATION FOR DISCLOSURE OF INFORMATION**

(Pursuant To The Privacy Act of 1974, 5 U.S.C. 552a, 29 CFR 1910.1020, and 42 CFR Part 2)

(The release of information about a patient who is treated or referred for treatment for alcohol or drug abuse, or the medical results of such abuse, is governed by the Confidentiality of Alcohol and Drug Abuse Patient Record Regulations, 42 CFR Part 2).

**TO:**  **Treating Medical Care Provider**

(name)	(phone)
(address)	(fax)
(City)	(State) (ZIP)

You are hereby authorized to furnish information from the record of the individual named below which is in the record system of your facility, and release it to

**MEP Medical Director or Designate**  
**Federal Occupational Health**  
**Medical Employability Program**

1. Name of EMPLOYEE (print or type)

2. Agency

**Department of Defense – Defense Human Resource Activity (DOD-DHRA)**

3. Purpose or need for the disclosure (please check)

- COMPENSATION CLAIM(S)
- LEGAL
- REASONABLE ACCOMMODATION
- SICK LEAVE, FAMILY MEDICAL LEAVE
- OTHER \_\_\_\_\_

4. Specify extent and nature of information to be disclosed for each purpose or need indicated, and SPECIFY inclusive dates:

from \_\_\_\_\_ to \_\_\_\_\_

The Federal Occupational Health is requesting medical information supporting the employee's request for sick leave, Family Medical Leave (FMLA), accommodation under the Rehabilitation Act, or other personnel benefits. Information discussed is to be confidential. In cases where the individual may require first aid/emergency treatment, or if government officials are investigating compliance with the ADAAA, relevant information may be shared, as required by law.

This authorization is subject to revocation at any time except to the extent that DFOH or the other program specified which is to make the disclosure has already taken action in reliance on it. If this authorization has not been revoked otherwise, it will expire upon the termination of the interagency agreement that authorized the services provided by Federal Occupational Health for the subject individual's federal employer.

Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$ 5,000 (5 U.S.C 552a(i)(3)); in the case of alcohol and drug abuse patient records, a falsified authorization for disclosure is prohibited under 42 CFR 2.31 and is punishable by a fine of not more than \$500 for a first offense or a fine of not more than \$5,000 for a subsequent offense, in accordance with 42 CFR 2.4.

5. Print Name of PATIENT:

6. If other than subject, indicate relationship or authority: \_\_\_\_\_

7. Date of signature: \_\_\_\_\_ 8. Date of Birth: \_\_\_\_\_

9. Last four of SSN: \_\_\_\_\_

10. Kaiser-Permanente Number (if applicable): \_\_\_\_\_

11. Signature of PATIENT:

12. Signature of Parent/Guardian/Power of Attorney.

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*The Medical Employability Program will only utilize a signed "Authorization for Release of Information" for a period of six (6) Months from the date of signature.*