

# Request for Reasonable Accommodation (RA) Parking Space

## Section I - To be Completed by the Requesting Employee

Instructions for completing this form are on back.

Employee name <i>(Please print or type)</i>		Tour of Duty <i>(Days worked and time)</i>		Phone	
Business Unit	Organization	Campus <i>(if applicable)</i>	Operations	Post of Duty <i>(or building)</i>	Stop #
Employee Signature			Date	Do you currently have a temporary RA parking permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section II - To be Completed by Management

Complete and return to the requesting employee.

Is the employee currently on any work restrictions by request of a physician *(If yes, please explain below.)*  Yes  No

Signature	Title	Date
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## Section III - Statement of Disability - To be Completed by Physician

Required when RA parking space is needed for more than two (2) weeks.

A. Define physical information of the condition or disability: how condition affects mobility, use of stairs, distance limitations.

B. Provide a specific description of disability or medical condition.

C. The patient's disability or medical condition is:  1. **Permanently** limited or impaired *(condition will not improve)*.  
 2. **Temporarily** limited or impaired *(Not to exceed 6 months)*.

Please specify temporary period by month(s) and year.

Beginning *(mm-yyyy)*

Ending *(mm-yyyy)*

D. The patient's ability to walk is limited or impaired by:

- 1. Unable to walk more than 200 feet without having to stop and rest.
- 2. Lost use of one or both legs or feet.
- 3. Unable to walk without prolonged use of a wheelchair, walker, crutches, braces, or other device.
- 4. Has a lung disease from which the expiratory volume for one second, when measured by spirometry is less than one liter, or from which the arterial oxygen tension is less than 60 MM/HG of room air at rest.
- 5. Has a cardiovascular disease which measures between three and four on the New York Heart Classification scale, or from which a marked limitation of physical activity causes fatigue, palpitation, dyspnea, or angina pain.
- 6. Has other diagnosed disease or disorder including, but not limited to, severe arthritis or a neurological or orthopedic impairment that creates a severe mobility limitation. *Please describe.*

Physician's Name <i>(please print or type)</i>			Phone	
Street Address		City	State	Zip
Physician's Signature			Date	

## Section IV - To be Completed by RA Parking Coordinator(s) or EEO

Date Request Received	<input type="checkbox"/> Entered on Log	RA Tracking Number		
<input type="checkbox"/> <b>Approved</b>	Date Approved	<input type="checkbox"/> <b>Disapproved</b>	Date Disapproved	
Effective Date(s) for RA Parking Space <b>From</b>		<input type="checkbox"/> Security & Safety Operations Notified		Date Notified
<b>To</b>				

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## Reasonable Accommodation

The Rehabilitation Act of 1973 requires federal agencies to provide reasonable accommodation to qualified employees or applicants with disabilities, unless to do so would cause undue hardship. In general, an accommodation is a change in the work environment or in the way things are customarily done that would enable an individual with a disability an equal employment opportunity.

There are three categories of reasonable accommodation:

1. Modifications or adjustments to a job application process to permit an individual with a disability to be considered for a job.
2. Modifications or adjustments necessary to enable a qualified individual with a disability to perform the essential functions of the job.
3. Modifications or adjustments that enable employees with disabilities entitlement to equal benefits and privileges of employment as employees without disabilities.

The obligation to provide a reasonable accommodation applies to all aspects of employment.

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## Instructions and Procedures for Completing Form 10092, Request for RA Parking Space

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**Type or print clearly.** If you need more space in any section, use a plain piece of paper with your name and "RA Parking Request" at the top.

1. The requesting employee completes **Section I** of Form 10092.
2. The requesting employee then gives Form 10092 to their manager for completion of **Section II**.
3. **After Section II is completed by their manager and returned** to the requesting employee, the employee must *forward, bring, or fax a copy* of the completed Form 10092 to the Site Coordinator, RA Temporary Parking Coordinator.
4. The RA Temporary Parking Coordinator will issue a two (2) week temporary parking permit to the requesting employee and maintain a copy of the Form 10092 for tracking purposes.
5. If a RA parking space is needed for more than two (2) weeks, the requesting employee must then have the Form 10092, **Section III, Statement of Disability, completed by their physician**.
6. **After Section III is completed by a physician**, it is the responsibility of the requesting employee to see that the form is returned to the Health Unit for temporary RA parking requests or forwarded directly to the EEOD Territory Office for Permanent RA Parking Requests.

The document is considered confidential at this point and will only be seen by the EEOD Territory Office and medical professionals who have a need to know.

If the medical information needs clarification the EEOD Territory Office will have you sign a medical release form and send your request to the Federal Occupational Health (FOH) physician for eligibility determination.

When documentation is returned from FOH, you will be notified via email or through your manager of the next step to securing RA parking space.

For questions regarding RA parking requests, contact the EEOD Office, RA Coordinator or the Site Coordinator's Office, RA Temporary Parking Coordinator.

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**Site Coordinator's Office, RA Temporary Parking Coordinator**  
Room 30 | Stop 1400 | **Phone:** 859-669-5640 | **FAX:** 859-669-2846

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**Permanent** RA Parking Requests should be submitted to:

**EEOD**, RA Parking Request,  
4th Street Bldg., Room 7, Stop 1001

**Phone:** 859-669-5335 | **FAX:** 859-669-5622

**Temporary** RA Parking Requests should be submitted to:

4th Street Bldg. Health Unit,                      Gateway Health Unit,  
Stop 614                                                              **or**                      Stop 615-G

**FAX:** 859-669-2716

**FAX:** 859-669-2751

You may drop this form off in person to any of these locations.

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