
Reasonable Accommodation Request

Part I – Written Reasonable Accommodation Request

To be completed by applicant for employment, employee, or personnel management specialist to document reasonable accommodation request.

Part II – Deciding Official Documentation

To be completed by Deciding Official for use in information tracking purposes. Part II, Items 5, 6, and 7, may be provided to Health Care Practitioner, Social Worker, or Rehabilitation Counselor as supplemental information.

Part III – Medical Documentation

To be completed by Health Care Practitioner, Social Worker, or Rehabilitation Counselor.

Part IV – Denial of Reasonable Accommodation Request

To be completed by Deciding Official to document the denial of reasonable accommodation.

Reasonable Accommodation Request

Part I – Written Reasonable Accommodation Request

To be completed by applicant, employee, or personnel or management official

1. Applicant/Employee Last Name			First Name	SEID No.	2. Occupational Series		Grade	3. Office Phone Number (Including Area Code)	
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4. Mailing Address:						
Address 1	Address 2	Room #	Mail Stop	City	State	Zip

Email Address

5. Operating Division/Function (select from drop down menu)	6. Tracking Log No. [To be completed by Servicing EEOD Office]
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7. Disability category. (select from drop down menu)

Briefly, describe the disability/medical condition requiring accommodation.

8. Describe the requested reasonable accommodation.

9. Check the appropriate box below (may check more than one box) and explain how the reasonable accommodation will assist the applicant/employee in:

- Application process Performing Job Functions or Accessing the Work Environment Accessing a Benefit or Privilege of Employment (e.g., attending training program or social event)

Explanation

10. Comments, if any.

I affirm that all statements made above are true to the best of my knowledge and belief.

Signature of Applicant/Employee	Date
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Return Part I to Servicing EEOD Manager

Reasonable Accommodation Request

Part II – Deciding Official Documentation

To be completed by Deciding Official

1. Applicant/Employee Name	2. Date of Applicant/Employee Oral Request (if different from written request):
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3. Deciding Official				
Last Name	First Name	Title	Phone Number (Including Area Code)	E-mail Address

4. Identify the essential duties of the position or explain the application requirements.

5. Identify the essential duties or the application requirements that the employee/applicant is unable to perform or satisfy because of the condition.

6. Will the requested accommodation enable the employee/applicant to successfully perform the essential duties of the position in question or compete for the position sought?

Yes No

Comments:

7. Medical Documentation Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	8. If yes, explain why:
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9. Action by Deciding Official <input type="checkbox"/> Approved <input type="checkbox"/> Time Frames Met <input type="checkbox"/> Denied (See Part IV)	Estimated Cost of Accommodation, if any \$ _____ <input type="checkbox"/> Time Frames No Met (Attach Explanation)
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I affirm that all statements made above are true to the best of my knowledge and belief.

Signature of Deciding Official	Date
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Return Part II to Servicing EEOD Manager
Attach Copies of All Supporting Documentation Obtained
or Developed in Association with this Request

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Part III – Medical Documentation

To be completed by a Health Care Practitioner, Social Worker, or Rehabilitation Counselor

Name of Applicant/Employee

Instructions

We have been requested to consider a reasonable accommodation for the individual named above. An accommodation is a logical adjustment made to a job and/or the work environment that enables a qualified employee/applicant with a disability to successfully perform the essential duties or functions of the position. We request that you provide medical information which reflects:

- that the individual has one or more physical or mental impairment that substantially limit(s) one or more of his/her major life activities (e.g., walking, speaking, breathing, hearing, seeing, thinking, sitting, standing, reaching, interacting with others, learning, performing manual tasks, caring for oneself, concentrating, lifting, working, sleeping).
- that there is a relationship between the substantially limiting medical condition(s) and the requested accommodation.

NOTE: For your information, a copy of the appropriate job description is attached.

Medical Documentation

1. Have you made a diagnosis that relates to this reasonable accommodation request? If yes, please state the diagnosis. [If additional space is needed, please attach a separate sheet.]

2. Please explain the impact of this medical condition on major life activities listed above.

3. What is the anticipated duration of this medical condition?

4. Is it your opinion that your patient will be able to perform the essential functions of his/her position safely and effectively if the reasonable accommodation he/she has requested is provided?

Yes No

If no, please explain. [If additional space is needed, please attach a separate sheet.]

Certification

Health Care Practitioner, Social Worker, Rehabilitation Counselor Name

Office Address

Office Telephone Number

I understand that an IRS medical consultant may contact me for additional information.

Signature

Date

Return Part III to Servicing EEOD Manager

Reasonable Accommodation Request

Part IV Denial of Reasonable Accommodation Request

To be completed by Deciding Official

Name of Applicant/Employee

1. Reason for denial (check all that apply)

- Accommodation Ineffective/Inappropriate
- Accommodation Would Cause Undue Hardship
- Medical Documentation Inadequate
- Accommodation Would Require Removal of Essential Function
- Accommodation Would Require Lowering of Performance or Production Standard
- Other (Please identify) _____

2. Detailed Reason(s) for the denial of reasonable accommodation (E.g., why accommodation is ineffective or causes undue hardship)

3. 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. (If additional space is needed, attached a separate sheet.)

4. If an individual wishes reconsideration, s/he should:

- First, ask the Deciding Official to reconsider the decision. (Additional information may be presented to support this request).
- If the Deciding Official does not reverse the decision, the individual may initiate a first level appeal to the senior official of the business operating division (BOD) or functional unit.
- If the senior official of the BOD or functional unit does not reverse the decision, the individual may initiate a second and final appeal to the Chief, EEO and Diversity.

5. If an individual wishes to file an EEO Complaint, or pursue MSPB and union grievance procedures, s/he must take the following steps:

- EEO Complaint. Contact the EEO counselor within 45 days from the date of the receipt of a copy of the RA Request, Part IV, Denial of Request for Reasonable Accommodation.
- Collective Bargaining Claim. File a grievance in accordance with the provisions of the National Agreement.
- MSPB Appeal. Initiate an appeal within 30 days of an appealable adverse action as defined in 5 C.F.R. 1201.3.

Return Part IV to Servicing EEOD Manager
Provide Copy of Parts II and IV to Individual (If Denied)

Reasonable Accommodation Request

Privacy Act Statement

Collection of the requested information is authorized by Section 501 of the Rehabilitation Act, 29 U.S.C. § 791. The information you furnish will be used for the purpose of facilitating your request. Additionally, the information may be used to disclose information to: appropriate Federal, state or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions when necessary to adjudicate a claim for benefits; a Federal agency in connection with a decision in hiring, retention or the granting of a security clearance. It may also be used in an administrative or judicial proceeding affecting an employee's personnel rights and in any criminal prosecutions for willfully making false or fraudulent statements in violation of U.S.C. § 1001. Additional uses may include disclosure to the Department of Justice for the purpose of litigating any civil, administrative, or judicial proceeding where the United States, the IRS, or its employees (in their official capacities or where the government has decided to represent them) are parties. It may also be used in response to subpoena from a third party provided that (1) IRS is a party in interest, (2) the records are relevant and necessary to the litigation, and (3) not otherwise privileged. This information may be provided to professional associations, such as state bar disciplinary authorities, for use in connection with their administration of standards of conduct. Further, it may be disclosed to contractors when necessary to perform work associated with reasonable accommodation and to those Federal agencies that oversee property and procurement matters. Furnishing the requested information is required to establish that you have a covered disability, the functional limitations of your disability, and the need for reasonable accommodation. Failure to fully complete the form or refusal to provide the requested documentation may lead to a breakdown in the reasonable accommodation process and could result in a determination that you are not entitled to reasonable accommodation.