

DEFENSE CONTRACT MANAGEMENT AGENCY

Reasonable Accommodation Guidance



EQUAL EMPLOYMENT OPPORTUNITY
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Procedures for Providing Reasonable Accommodation for Individuals with Disabilities

These procedures will be used to process requests for reasonable accommodation (RA) for employees and applicants with disabilities to ensure an appropriate response in a timely manner. Further, these procedures establish criteria for collecting and annually reporting data on the numbers and types of requests for RA to the Equal Employment Opportunity Commission (EEOC).

1-1. Initiating a Request for Reasonable Accommodation

- a. The Equal Employment Opportunity (EEO) Disability Program Manager (DPM) oversees the Agency RA program. The Agency must make the DPMs contact information readily available in the workplace by posting it on bulletin boards and Web sites or providing it as a handout.
- b. A “qualified” Individual with a Disability (IWD) 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 RA.
- c. Employees must generally inform their immediate supervisor or manager in the individual’s chain of command, the DPM, or any other individual designated by the Agency to accept such request of their need for an accommodation, adjustment or change to some aspect of the employment application process, the job, or a benefit of employment for a reason related to a medical condition. In the case of an applicant, the request should be submitted to the Agency employee connected with the application process such as the selecting official, an Agency official in the selecting official’s chain of command, or Human Capital (HC) personnel assigned to process the vacancy. An IWD does not have to specify the precise accommodation however, s/he does need to describe the problems posed by the workplace barrier. The DPM will assist in recommending an accommodation that will meet the individual’s needs.
- d. An applicant or employee may request a RA orally, or at any time in writing. The request does not require the individual to mention the Rehabilitation Act or use the phrase “reasonable accommodation” or “disability.” However, a RA request form must be completed by either the employee or the supervisor (*See Appendix- B*). The RA form and written procedures must be provided to applicants and employees in an accessible format that meets an individual’s particular need; including written Braille, large print, etc. The RA process begins as soon as an individual makes an oral or written request for accommodation to the immediate supervisor, a supervisor or manager in the individual’s chain of command, the HC Office, the EEO Office or the DPM.
- e. If the nature of the initial communication is unclear, a supervisor or a manager must confirm whether an individual is requesting a RA.
- f. The supervisor must begin processing an oral request immediately upon receipt of the request and should not wait for written confirmation.

g. For applicants, the HC office, Army Service Team (AST), supervisor, or a Defense Contract Management Agency (DCMA) employee will have official contact in connection with the application process.

h. Individuals requesting an accommodation must confirm their request to their supervisor orally or by any other mode of communication. When a supervisor receives an oral request for a RA, s/he will provide the employee with a copy of the Request for RA Form (*See Appendix-B*) within five business days, which will allow the employee to provide a written statement which clearly articulates his/her requirements. This requirement serves to clarify the needs and requests of the employee. The supervisor must document that the request was made and provide a copy of the RA form to the DPM within five business days of receipt. The DPM will utilize the RA form to process the RA request and for record keeping purposes.

i. In an effort to align with practices established by the Computer/Electronic Accommodations Program (CAP), medical documentation must accompany all RA requests for workplace ergonomic equipment such as, chairs, keyboards, mouse, headsets, footstools etc., (except as outlined in 1-4 below). When requesting a specific *chair, footrest etc.*, an individual must complete a RA request form, self-evaluation form, provide three quotes from three different vendors and submit a picture for each item indicating the vendors name and price of the item. Each such accommodation must be approved by the supervisor. The Agency may only require documentation that is needed to establish a person has an Americans with Disability Act (ADA) disability, and that the disability necessitates a RA. The RA form, medical documentation, self-evaluation form (*See Appendix-C*) and attachments must be submitted to the DPM for processing within five business days.

j. Sit and stand desks are standard issue at the Agency and will be issued upon request. However, they may be requested as a RA in cases of urgency or if the current practice is discontinued. (DCMA Ft Lee HQ Mailbox DCF inbox dcma.lee.hq.mbx.dcf-inbox@mail.mil).

k. The supervisor must, within five business days, notify his/her chain of command and DPM (when necessary) of the request for RA. This is necessary when a decision regarding a RA is likely to require approval at a command level exceeding the authority of the first line supervisor. The DPM serves as the primary Ancillary Process Owner (APO) on all RA requests. For a list of APO's (*See Appendix-A*).

l. A family member, health professional, or other representative may request a RA on behalf of an individual seeking RA. The supervisor should confirm with the employee that s/he wants the accommodation.

Example 1 - Michelle tells her supervisor, "I'm having trouble reporting to work at my scheduled start time because of the anti-depressants I take." This is a request for a RA. The Agency must consider the request regardless of whether Michelle is ultimately entitled to an accommodation or not.

Example 2 - An applicant who is vision impaired asks for assistance with the Agency's application materials. This is a request for a RA and triggers the Agency's obligation to engage in its RA process.

Example 3 – An employee is observed by their supervisor suddenly walking with a cane and a limp. When questioned, the employee states he has a debilitating injury to his back and severe pain. The pain is exasperated by the current chair. The supervisor suggests that he can get an ergonomic chair for the employee if he wants a chair. The supervisor assists the employee in filing out the RA form and submits the request with medical documentation to the DPM.

1–2. Processing Requests for Reasonable Accommodation

- a. The request for accommodation begins with an interactive discussion between the requester and the supervisor. However, the decision makers must communicate, early in the interactive process and periodically throughout the process. This process may include communicating with the requester to clarify the request, obtaining and exchanging information with the requester to the extent necessary regarding needs and alternatives, searching for solutions, consulting the DPM and outside resources, and evaluating possible accommodations and additional information if necessary.
- b. If the person receiving the request for RA does not have authority to approve the request, s/he must forward the request within five business days to the appropriate official, with a copy to the DPM.
- c. The supervisor may ask the requester relevant questions that will assist in making an informed decision about the request. The supervisor is entitled to know that the requester has a disability covered by the Rehabilitation Act for which an accommodation is needed. When the disability and/or need for accommodation is not obvious, the supervisor must contact the DPM for assistance in obtaining medical documentation about the employee's disability and functional limitations.
- d. Reasonable accommodations are meant to eliminate barriers in the work environment only, not barriers outside the work environment. A RA is any change in the work environment or the way things are customarily done that would enable an IWD to be provided EEO. Common types of RA include, but not limited to, modifying work schedules or supervisory methods, granting breaks, providing leave, altering how or when job duties are performed, removing and/or substituting a nonessential function, moving to different office space, providing telework, providing medical telework, changing workplace policies, reconfiguring workspaces, providing accessible parking, and providing materials in alternative formats (such as Braille or TTY). The Agency will provide individuals authorized medical telework with ergonomic and information technology equipment on a case-by-case basis.
- e. An IWD should be construed in favor of a broad coverage of individuals to a maximum extent permitted by the terms of the ADA and generally shall not require extensive analysis.
- f. If a supervisor does not immediately grant the requested accommodation, s/he must consult directly with the DPM within five business days of knowledge of the need for a RA. The DPM will coordinate with the Agency's Federal Occupational Health (FOH) coordinator and General Counsel (GC) before providing the supervisor with any recommendations within five business days. The GC, management and DPM reviews must be conducted for all proposed approvals and denials of a RA or the particular accommodation requested.

g. As soon as the supervisor determines that an accommodation will be provided, s/he must within five business days communicate the decision orally or in writing to the requester. If the supervisor initially communicates the decision orally, s/he must complete a RA form. For recordkeeping purposes, the supervisor will give a copy of the RA form or written decision to the DPM.

h. The DPM, GC and management must review RA requests decided with FOH input for legal sufficiency.

i. As part of the interactive process, the supervisor may offer alternative suggestions for RAs and discuss their effectiveness in addressing the need for a RA. An individual need not have a particular accommodation in mind before making a request. A decision to provide an accommodation other than the one specifically requested is considered a decision to grant an accommodation. If more than one accommodation is effective, the preference of the IWD should be given primary consideration. However, the supervisor may have discretion to choose between effective accommodations. The written decision will explain both the reasons for the denial of the individual's specific requested accommodation and why it has been determined that the chosen accommodation will be effective. If the request is approved but the accommodation cannot be provided immediately, the written decision must include a projected timeframe for providing the accommodation. If an individual has more than one disability, an employer can request information pertaining only to the disability that requires a reasonable accommodation.

j. A supervisor granting a request is responsible for following through and making any necessary arrangements to ensure that the accommodation is provided. Absent extenuating circumstances, the requested accommodation should be granted, modified, or denied within 30 business days from the date the supervisor receives the initial request. The Agency will determine how funding will be provided to support the provision of RA not covered through CAP. The Agency will make every effort to ensure reasonable delivery or implementation of the needed accommodation.

k. Reasonable accommodations may include Personal Assistance Services (PAS) in the form of work-related assistance, but generally do not include personal attendant care at the worksite. Work-related PAS may include task-related assistance such as readers, interpreters, help lifting or reaching, page turners, or a travel attendant to act as a sighted guide for a blind or mobility-impaired employee while on occasional official travel. When an employee is on official travel and incurs personal attendant care expenses beyond what his/her usual expenses would be when not on official travel, the Agency will consider reimbursement for the added travel expense under the ADA.

l. A request by an IWD to use a service animal at work is also a request for RA. Federal law defines a service animal as any dog that is individually trained to do work or perform tasks for the benefit of an IWD, including a physical, sensory, psychiatric, intellectual, or other mental disability. The work or tasks performed by a service animal must be directly related to the individual's disability. Employers are not required to automatically allow employees to bring their service animal to work. An employer can propose alternative accommodations that are equally reasonable and effective, or the employer must show undue hardship for denying a request for the use of a service animal as a RA.

m. Documents, including any forms used in the RA process, will be available to job applicants and employees in written and accessible format. Accessible format is a format that meets an individual's particular need, including braille, large print, etc.

1-3. Time Limits

- a. The Agency will process requests for RA when appropriate, as soon as reasonably possible. The process begins when an applicant or employee makes an oral or written request for RA and not necessarily when the supervisor receives the written confirmation of the request. All parties, however, should recognize that the time necessary to process a request will depend on the nature of the accommodation requested and whether it is necessary to obtain supporting information and medical documentation. Supervisors should have a backup designated to continue receiving and processing requests and providing RA when the supervisor is unavailable. In the absence of the supervisor, the next level supervisor will continue the RA process. Supervisors should ensure that the individual knows who has been designated as backup. If urgently needed, the employee should contact the lowest available manager in their chain of command if the local supervisor is unavailable.
- b. A supervisor receiving a request for RA may be able to grant the request immediately. Whether the supervisor either provides, and or denies, an accommodation, the process will start as soon as the accommodation is first requested. However, the 30 business day timeline is paused pending receipt of the requested medical information or supporting documentation requested by the FOH coordinator or DPM. Once the FOH letter has been received, the timeline resumes.
- c. When extenuating circumstances are present, the time for processing a request for RA and providing the accommodation will be extended as reasonably necessary. Extensions will be limited to circumstances in which they are reasonably necessary and only for as long as required. However, when an accommodation can be provided in less than the maximum time frame, failure to provide an accommodation in a prompt manner may result in a violation of the Rehabilitation Act.
- d. When a delayed request occurs in processing a RA, the supervisor must notify the requester of the reason for the delay including any extenuating circumstances that justify the delay within five business days. Upon becoming aware of the need for a delay, the supervisor must contact the DPM to determine whether a provisional accommodation can be provided that allows the individual to perform some or all of the essential functions of the job, absent undue hardship. A supervisor could consider a temporary job restructuring or the use of equipment that might permit the individual to perform some of the functions of the job.
- e. The processing of RA requests may be expedited in appropriate cases. Expedited processing for RA requests may be required if needed to enable an individual to apply for a job, or the RA is needed for a specific activity that is scheduled to occur shortly or the Agency has determined urgency.

1-4. Medical Information

- a. When the disability and/or need for accommodation is not obvious, the employee or applicant seeking accommodation may be asked to provide appropriate medical information

related to the functional impairment and/or limitations at issue and the requested accommodation by either the DPM or FOH coordinator. However, an employee can choose to provide medical information to their supervisor. *(However, the Agency may not request medical information where (a) both the disability and need for accommodation are obvious; or (b) the individual has already provided the Agency with sufficient information to document the existence of a disability and his/her functional limitations).* By requiring all employees with “disabilities that are not so obvious” to provide detailed medical information in support of their request, exceeds the scope of a permissible disability-related inquiry and likely violates the Rehabilitation Act. Supplemental documentation may be requested when the information already submitted is insufficient to document the disability and/or the functional limitations. The supervisor should consider providing an interim accommodation until medical documentation is received and a final decision is made on a RA. Failure to provide necessary documentation when it has been properly requested could result in a denial of RA.

b. Medical documentation must come from an appropriate health care or rehabilitation professional. In some instances, an appropriate health care professional will be a doctor, but can also include psychologists, nurses, physical therapists, speech therapists, vocational rehabilitation specialists, and licensed mental health professionals, etc.

c. Medical documentation contains Personally Identifiable Information (PII) and includes sensitive information about an individual’s medical condition and must be handled in a confidential manner in accordance with Equal Employment Opportunity Commission (EEOC) Enforcement Guidance. It will be reviewed only by individuals to assist in interpreting the information for the purpose of making an administrative decision regarding an employee’s duties and accommodations. The supervisor must seek the assistance of the DPM before obtaining any medical documentation. The DPM, in coordination with the FOH coordinator will assist in obtaining appropriate medical documentation. EEOC Enforcement Guidance (<https://www.eeoc.gov/policy/docs/guidance-inquiries.html>)

d. Medical information will be requested only to the extent reasonably necessary to establish the requester is an IWD or needs the requested accommodation and provide information on the nature of the individual’s disability, severity, and expected duration of the impairment (*for example, functional limitations, symptoms, side effects of any treatments, and so forth*); the activity or activities the impairment limits; the extent to which the impairment limits the individual’s ability to perform the activity or activities; and need for a particular accommodation requested and how the accommodation will assist the individual to apply for a job, perform the essential functions of the job, or have the benefits of the workplace.

e. Based on the medical documentation provided to the DPM or the FOH coordinator and with the assistance of the DPM, the supervisor may elect to approve the request for RA. On a case-by case basis the supervisor may submit written questions to the DPM or FOH coordinator. The FOH coordinator will seek assistance from a FOH physician in assessing functional abilities regarding that individual’s ability to perform a job, in order to help the supervisor choose an effective RA. The information should inform the medical authority of the nature of the job, the essential functions the individual will be expected to perform, and any other information relevant to evaluating the request. The FOH coordinator will assist the supervisor and provide the necessary FOH Request for Medical Documentation Forms (*See Appendix-D*). Under no circumstances should the FOH documentation forms be used to prompt disability-related questions or a series of questions that are likely to elicit information

about a disability. The Agency may ask an individual to provide RA documentation that is sufficient to substantiate that the individual has a disability and needs the accommodation requests.

f. Often times the requested medical documentation will contain highly personal and confidential facts about an employee's life especially when dealing with mental disabilities. Other times, the information will be of a highly technical nature that will not be understood by a layperson. In such cases, only the DPM or FOH coordinator will require the assistance of a medical advisor.

g. Employees will be notified in writing by the supervisor when medical documentation will be required to make a decision on a RA request only for the disability that requires an accommodation.

h. Employees will have 15 business days from the date of receipt of the letter to provide appropriate medical documentation. Extensions will be considered upon request.

i. Since the employee bears the burden of demonstrating that s/he is a qualified IWD, the employee should be receptive to cooperating with appropriate DCMA officials. The consequences of a failure to cooperate could result in the delay of the needed accommodation or the denial of the accommodation.

j. The medical authority may request supplemental medical documentation when the submitted information is insufficient to document the existence of a disability and the need for RA through the employee or through the FOH coordinator.

k. Employees are required to email or mail medical documentation directly to the DCMA Federal Occupational Health (FOH) Coordinator, DCMA-HCL, 3901 A. Avenue, Bldg. 10500, Ft Lee, VA 2801, within seven business days, which is specified in the letter from the supervisor. In requesting documentation, employers should specify what types of information they are seeking regarding the disability, its functional limitations, and the need for reasonable accommodation. The individual can be asked to sign a limited release allowing FOH doctors to discuss their disability and/or limitations with their current physician(s). The supervisor must submit the employee Position Description (PD), essential functions of the job and any necessary questions to ask the employee's physician to the FOH coordinator. The FOH physician will provide an opinion within 21 – 30 business days of receipt of the request.

l. Upon receipt of the medical documentation, the FOH coordinator will seal the employee's documentation and forward to a licensed medical physician at FOH who will review and access the documentation to determine if the diagnosis and evaluations are in accordance with generally accepted medical diagnostic criteria and the conclusions and recommendations are in accordance with generally accepted medical principles. Upon completion of the review and assessment, the FOH physician will no later than 30 business days of receipt, complete an assessment of the employee's medical condition and recommendation stating whether s/he believes the employee is an IWD, how the disability impacts the employee's ability to perform the essential functions of the job, and the most appropriate and effective accommodation.

m. The FOH physician will forward the recommendation to the FOH coordinator. The supervisor will consult with the DPM, GC, and APO (if necessary) to obtain concurrence of

the FOH recommendation and decision on the most expedient and appropriate course of action to provide the accommodation. There are times when the FOH physician's recommendation is a determination that the Agency cannot accommodate the employee based on the facts of the case. In that instance, that supervisor along with the DPM, GC, and AST would make every attempt to reassign the employee to a vacant DCMA position for which s/he is qualified in accordance with EEOC Enforcement Guidance.

1-5. Reassignments

a. The Agency must consider reassignment as an accommodation of last resort and is available only to qualified employees, not applicants. Supervisors will consider a reassignment only if no RAs are available to enable the individual to perform the essential functions of his/her current position, or if the only effective accommodations would cause undue hardship. Reassignment may be made only to a vacant position. The Agency will not create a new position or displace employees from their jobs to satisfy an individual's reasonable accommodation needs.

b. The vacant position is considered available as long as a selection to fill the position has not been made and no Department of Defense Priority Placement Program matches are pending. An employee is qualified for the identified reassignment if s/he satisfies the requisite skill, experience, education, and other job-related requirements of the position and can perform the essential functions of the position with or without RA. If the employee is qualified for the position, s/he should be reassigned to it as a RA and not have to compete for the position.

c. If a reassignment is under consideration, the supervisor must consult with the DPM, GC and AST. The AST will conduct a vacancy search based on the employee's expressed preference and qualifications. The supervisor should explain to the employee why s/he cannot be accommodated in the current position and that a reassignment is under consideration. The supervisor should determine the employee's preferences with respect to the reassignment, such as whether the employee is willing to be reassigned outside the facility or outside the commuting area, including outside the geographical area and, if so, to what locations; be reassigned to a different type of position s/he may be qualified for and, if so, to what type(s); be reassigned to a different Contract Management Office (CMO) and, if so, to which one(s); and be reassigned to a lower grade or pay band position if no position is available at the current grade or pay band and, if so, down to what grade or pay band.

d. The reassignment should not create an adverse personnel action or adversely impact the employee's career.

e. If an employee is reassigned outside the local commuting area or to a different geographical area, the employee must pay any relocation expenses unless the activity routinely pays such expenses when granting voluntary transfers to other employees.

1-6. Denial of Requested Accommodation

a. Supervisors must consult the DPM and GC before denying a request for accommodation or the particular accommodation requested. The supervisor must provide documentation that demonstrates the effort made to explore, with the requester, other options for accommodation.

The Agency must obtain legal reviews for all proposed denials of a RA or the particular accommodation requested before informing the requester of the denial.

b. When the supervisor denies an applicant or employee a request for RA, s/he must notify the requester of the denial in writing at the time the request is denied. The notification must be written in plain language and state the specific reason(s) for the *denial* (for example, *why the medical documentation is inadequate to establish that the individual has a disability or needs RA, why the requested accommodation would be ineffective, the reasons the supervisor believes the offered accommodation would be effective, or why the requested accommodation would pose an undue hardship*). The written denial must identify the supervisor/manager and the office that made the decision and provide information about the individual's right to file an EEO complaint or Union grievance and invoke other applicable statutory or regulatory processes, including the availability of the informal dispute resolution process.

c. The supervisor must complete the written memorandum for the record documenting the denial of accommodation request and submit it to the GC and the DPM along with any supporting documentation. (See Appendix-D)

d. In determining whether a proposed RA poses an undue hardship, the supervisor, in consultation with the DPM and GC must consider the overall resources and options available to the Agency, not just the budget and/or resources of the Agency.

1-7. Request for Reconsideration

a. An informal dispute resolution process is a voluntary mechanism through which an employee can request reconsideration of a denial of RA, regardless of whether the person has started the EEO Complaint Process. An informal dispute resolution process begins when an employee asks the supervisor to reconsider his or her decision. Employees may also request reconsideration of the denial from officials higher in the supervisor's chain of command.

1. The request for reconsideration will be submitted to the original supervisor within five business days. If the original supervisor denies the request for reconsideration, the individual will present the request to the next level supervisor who will respond to the request within 15 business days. If the original decision is not reversed, there is no provision for review above the second level supervisor.
2. At any point in this process, the individual may also contact the EEO Office to inquire about Alternative Dispute Resolution (ADR) and initiate the informal EEO counseling.
3. Pursuing any of the informal dispute resolution procedures identified above, including seeking reconsideration from the supervisor and appealing to the next person in the supervisor's chain of command, does not affect the time limits for initiating statutory and collective bargaining claims. An individual's participation in any or all of these informal dispute resolution processes does not satisfy the requirements for bringing a claim under EEO, Merit Systems Protection Board (MSPB), or union grievance procedures.

b. An individual whose request for accommodation has been denied may file an EEO Complaint in accordance with Management Directive (MD)-110. An employee whose request for accommodation has been denied and who is covered by a collective bargaining

agreement may elect to file a claim under a negotiated grievance procedure that covers such claims or through the EEO complaint process, but not both. An employee filing an EEO Complaint also may request the use of ADR at any stage of the complaint process.

c. The informal dispute resolution process does not affect the time limits governing the EEO complaint process or grievance process. An individual's participation in ADR does not satisfy the requirements for bringing a claim under the EEO, MSPB or negotiated grievance procedures. When a request for RA is denied, the individual wishing to pursue the EEO complaint process must do so within 45 calendar days of the denial, even if s/he has already requested participation in ADR.

d. Contact information for the EEO Office is on DCMA's web site, and at the end of these procedures.

1-8. Confidentiality

a. The supervisor, or other official, who receives information in connection with a request for RA may share information that is confidential with other DCMA officials only when those other officials demonstrate a need to know and that the information will be used solely to make determinations on an accommodation request, or to help the supervisor make a determination. Employers must maintain the confidentiality of all medical information collected during this process, regardless of where the information comes from.

b. The Rehabilitation Act requires that all medical information be kept confidential. The DPMs, supervisors and other persons who have access to information necessary to make a decision on a request for RA must maintain this information in a secure location separate from the employee's personnel file and may not further disclose this information except to individuals with a need to know.

c. Officials must be informed about the confidentiality requirements whenever medical information is disclosed to them. Limited circumstances under which the Agency may disclose confidential medical information are described in bullets 1-8, d-h.

d. Supervisors and managers who need to know will be informed about necessary restrictions on the work or duties of the employee and about necessary accommodation(s), but not the employee medical details.

e. Building managers and others planning for emergency evacuations may be informed to include special provisions in emergency evacuation planning and procedures.

f. First aid and safety personnel may be informed if the disability might require emergency treatment.

g. Other government, i.e. non-agency, officials may be provided information necessary to investigate the Agency's compliance with the Rehabilitation Act. However, medical records cannot be shared without a release form provided by the employee.

h. Information may be shared with other Agency officials who have an official need to know to execute their mission, such as Labor and Employment Relations (LER), GC, and EEO Specialists.

i. Other information that must be kept confidential includes the fact that an employee or applicant is receiving an accommodation or has a disability. Managers should explain the policy of assisting any employee who encounters difficulties in the workplace if coworkers question what they perceive as different or special treatment of an accommodated employee.

j. The manager/supervisor will also point out that many of the workplace issues employees encounter are personal and that it is the Agency's policy to respect employee privacy. An employee may, however, authorize release of information that may facilitate a requested accommodation. The authorization should be addressed and confirmed in writing before it is released.

1-9. Costs and Resources

a. Requests for accommodation will not be denied for reasons of cost, and IWD are not excluded from employment due to the anticipated cost of a RA. If the resources are available to the Agency as a whole, excluding those designated by statute for a specific purpose that does not include RA, prior to denying an accommodation on the basis of cost.

b. There is additional guidance that may assist employees via the provisions of the ADA. Supervisors and managers should be aware of the resource materials available on the EEOC public website, including the EEOC Enforcement Guidance: Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act (July 27, 2000), <https://www.eeoc.gov/policy/docs/guidance-inquiries.html> and the EEOC Enforcement Guidance on Reasonable Accommodation and Undue Hardship Under the Americans With Disabilities Act (revised October 17, 2002). <https://www.eeoc.gov/policy/docs/accommodation.html>

c. Hiring officials who decide requests for accommodation or make hiring decisions, must consider all resources available to the Agency as a whole, excluding those designated by statute for a specific purpose that does not include RA, prior to denying an accommodation on the basis of cost.

1-10. Undue Hardship

a. The Agency does not need to provide a RA to a qualified IWD, if doing so would cause an undue hardship on the Agency's operations. The determination of whether an accommodation would cause an undue hardship is the final step in the complex analysis of whether a disabled employee or applicant is entitled to a RA. The determination cannot be made by the supervisor in isolation, but rather the supervisor must seek the guidance of the ADA, DPM, FOH, and their servicing attorney advisor and collectively determine whether a specific accommodation would cause an undue hardship.

b. The ADA defines undue hardship as "an action requiring significant difficulty or expense," when considered in light of the following factors:

1. The nature and cost of the accommodation needed;
2. The overall financial resources of the facility making the RA;
3. The number of persons employed at such facility;
4. The effect on expenses and resources, or the impact otherwise of such accommodation upon the operation of the facility;
5. The overall financial resources of the covered entity;
6. The overall size of the business of a covered entity with respect to the number of its employees;
7. The number, type, and location of its facilities;
8. The type of operation or operations of the covered entity, including the composition, structure, and functions of the workforce of such entity; and
9. The geographic separateness, administrative, or fiscal relationship of the facility or facilities in question to the covered entity.

1–11. Information Tracking

- a. The DPM will establish a system of recordkeeping to track the processing of requests for RA. This information is used to ensure the Agency is complying with the nondiscrimination and affirmative action requirements imposed under Section 501 of the Rehabilitation Act, and to make such records available to the EEOC upon request. The supervisor who processed the accommodation request must complete and submit any information and the RA form to the DPM to track the employee or applicants request. Applicants and employees can contact the DPM, HC Labor and Employment team, supervisor or official in the chain of command to track the processing of requests for RA. Any and all records of the decision making process shall be provided to the employee upon request on a case-by-case basis. The supervisor(s) must maintain records for one year from the making of the record or the personnel action involved, whichever occurs later. If a charge is filed, records must be preserved until the charge is resolved. 29 C.F.R. Part 1602.14 (1997).
- b. Records that contain medical information about a particular IWD are subject to the confidentiality restrictions and the activity's record keeping systems must contain safeguards to ensure that those restrictions are observed.
- c. At a minimum, the records related to an employee who requested a RA will be maintained for the duration of the employee's tenure to ensure that the employee is not asked to provide medical information previously submitted.
- d. The EEO office will retain information or any cumulative records used to track the activity's performance with regard to RA for at least five years. Tracking performance over a five year period is critical to enable the activity to assess whether it has adequately processed and provided RA.

e. Information will be summarized in the annual MD-715 Report to the EEOC through Agency channels. On an annual basis, the Agency will report the following information as part of the reporting process:

1. The Agency will record, the specific RA; the job (occupational series, grad level, and Agency component) sought by requesting applicant or held by the employees.
2. Whether the accommodation was needed to apply for a job, perform the essential functions of a job or enjoy the benefits and privileges of employment.
3. Whether the request was granted or denied.
4. The identity of the deciding official.
5. The reasons for denial of requests for RA.
6. The amount of time taken to process each request for RA.
7. The sources of technical assistance that were consulted in trying to identify possible RA.
8. The length of time it takes the Agency to respond to requests for different types of RA.
9. Whether the Agency has been unable to provide any particular types of RA.
10. Whether the Agency consistently is not granting RA, and the various reasons activities denied a request for RA.

Appendices

Appendix A - Ancillary Process Owners Program (APO)

Appendix B - DCMA Reasonable Accommodations Request Form

Appendix C - Self Evaluation Form

Appendix D - Reasonable Accommodation Approval/Denial Letter

Appendix E - FOH Authorization Disclosure Form

Appendix F - FOH Privacy Act Notice to Patients

Appendix G - FOH Reasonable Accommodation Checklist

Appendix H - Key Terms

Appendix A- Ancillary Process Owners (APO)

Equal Employment Opportunity Office

Disabilities Program Manager (DPM)
Ms. Monique Mixon DCMA-EEO/DPM
3901 A Avenue, Bldg. 10500 Fort Lee, Virginia 23801
(804) 609-4545, monique.c.mixon.civ@mail.mil

Labor & Employee Relations:

Medical Documentation/FOH Coordination
Ms. Melissa Burgess DCMA- HCL DCMA FOH Coordinator
3901 A Avenue, Bldg. 10500 Fort Lee, Virginia 23801
(804) 609-4553, melissa.b.burgess.civ@mail.mil

DCMA-ITSCO:

Section 508 Compliance Requests
Mr. Antonio Boston ITCSO-AP
3901 A. Avenue Bldg. 10500 Fort Lee, Virginia 23801
(757) 284-6483, antonio.boston.civ@mail.mil

Facilities Services Center:

Building Structure Changes
Mr. Edward Spence DCMA-DSFL Director, Facilities Services Center
13205 North Enon Church Hill, Chester, Virginia 23836
(804) 416-9375, edward.l.spence.civ@mail.mil

Appendix B- DCMA Reasonable Accommodation Request Form

https://360.dema.mil/directorate/PH-D/DD/DDO/Shared%20Documents/Disability/RA%20Request%20Form.pdf

DEFENSE CONTRACT MANAGEMENT AGENCY

REQUEST FOR REASONABLE ACCOMMODATION

This form is to be completed by employees or applicants when requesting an accommodation or modification to a prior accommodation. In cases where medical information is required to document the existence of the disability, your health care provider will be required to complete a Physicians Statement which will be used to assist DCMA in providing the requested accommodation. Submit the RA form and supporting documents to the DPM within five business days of the request.

1. NAME OF EMPLOYEE OR APPLICANT	2. JOB SERIES, GRADE LEVEL & CMO
3. DATE OF REQUEST (INTERACTIVE PROCESS)	4. ORGANIZATION, SHIPPING ADDRESS, WORK NUMBER
5. NAME OF SUPERVISOR / TITLE / WORK NUMBER	6. SUPERVISOR SIGNATURE AND DATE:

- Approved (With medical documentation) *All ergonomic items/chair, footrest etc.*
- Approved (Without medical documentation)
- Request denied (Denials must be in writing)
- Pending verification of medical documentation (FOH review)

7. ACCOMMODATION REQUESTED *(It is optional for the requester to describe the specific accommodation requested, e.g., adaptive equipment, reader, interpreter):*

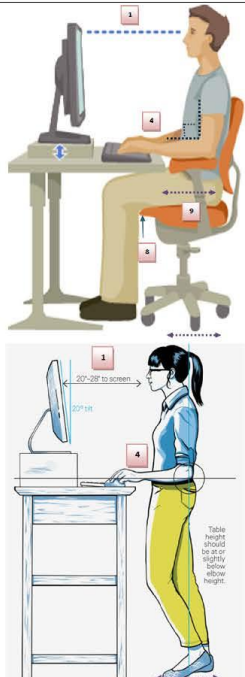
8. REASON FOR REQUEST:

8a. *If accommodation is time sensitive, please explain:*

9. CERTIFICATION AND CONSENT BY EMPLOYEE
I hereby certify that all statements made above are true to the best of my knowledge and I hereby give my permission for the release of information about my service, disability and medical conditions(s) (i.e., disease and injury) to authorized agency officials.

10. EMPLOYEE SIGNATURE/DATE

Appendix C- Self Evaluation Form

Ergonomic Self-Evaluation		
<p>Directions: Please complete the following checklist for your workstation. If you answer "no" to any of the following questions, adjust your workstation until you are able to answer "yes". If you cannot comfortably adjust your workstation, contact your Supervisor for assistance. Please digitally sign this form, use the 'Click to Save this Form' button below, and send it to your supervisor when completed. Supervisors shall maintain completed, signed copies of all ergonomic assessments as proof of completion. Personnel may contact their SOH Manager for additional assistance or recommendations. Contact the local purchasing agent or Facilities Manager for equipment needs. Ergonomic Self - Evaluations are for a specific workstation. If you move workstations a new evaluation is required to ensure proper configuration.</p>		
Employee Name		Supervisor Name
Location		Org Code
(Cubical number/office number/building/room/workstation)		Date
<ol style="list-style-type: none"> 1. Is the top of the monitor at or below eye level and is the monitor approximately arm's length away from you? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the second screen adjacent and at the same height as the main monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is the employee sitting or standing in an upright position and not leaning forward? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Are wrists in a straight line and not resting on hard surfaces? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Is the keyboard and the mouse at the same height when sitting or standing (if using sit/stand workstation)? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Are elbows at the waist and at a 90° angle? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Is the table height approximately at elbow level when the employee is in a sitting or standing position (if using a sit/stand workstation)? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Is there space between the seat pan and the back of the knee (seat pan of chair does not press against the back of the knee or leg)? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Is the employee sitting all the way back in the chair with their thighs parallel to the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Do the employee's feet rest flat on the floor when sitting or standing? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<p>Please list any changes made to the workstation during this ergonomic assessment.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		
<p>Please list any ergonomic issues you were unable to resolve during this assessment.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		
Employee Signature		Supervisor Signature
<p style="font-size: x-small;">Disclaimer: The purpose of this form is to enable employees to make quick ergonomic adjustments to their workstations. All personnel are assigned the Computer Ergonomics CBT in GOTRAIN Safety Academy to compliment the checklist. If you have any questions, please contact your SOH Manager or Supervisor. More in-depth ergonomic assessment checklists are located on the SOH Webpage. EEO is the point of contact for Reasonable Accommodation requests if a Physician's note is supplied by the employee.</p>		<div style="border: 1px solid black; background-color: #cccccc; padding: 5px; display: inline-block;">Click To Save</div>

Appendix D Reasonable Accommodation Approval/Denial Letter

(DATE)

DCMA-(IT)

MEMORANDUM FOR: Name of Requestor of Reasonable Accommodation SUBJECT:

Reasonable Accommodation Approval/Denial Letter

I have received and considered your request for a reasonable accommodation, dated November 16, 2016, in which you asked to remain at your current duty location and retain a full-time telework arrangement.

Upon receiving your request in November, management began working with you to obtain the information necessary to make an informed decision on your request. In this regard, and after a review by DCMA through the Federal Occupational Health (FOH) Services physician of the initial medical information provided in support of your request, management determined that this information was not sufficient to reach an informed decision. Based on your request, management granted you an additional extension to May 25, 20XX, however, you again failed to provide adequate medical documentation. You continue to fail to provide the requested documentation. Therefore, management must deny your request based on an inability to determine the limitations caused by your disability.

Please be advised that you have the following rights in regard to this determination:

- a. If you disagree with the decision, you may request reconsideration within five (5) business days. If the original supervisor denies the request for reconsideration, the individual can present the request to the next line supervisor who will respond within fifteen (15) business days.
- b. If you wish to file an EEO complaint, pursue a claim through the Merit Systems Protection Board (MSPB) or utilize union grievance procedures, if applicable, you may choose from the following options:
 - (1) For an EEO complaint pursuant to 29 C.F.R. § 1614, contact an EEO Counselor **within 45 calendar days from the date of this notice of denial of reasonable accommodation**. For further clarification on how to file an EEO complaint, you may contact the EEO Office Hotline at (804) 734-2525.
 - (2) For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement or Administrative grievance procedure, as appropriate; or
 - (3) Initiate an appeal to the Merit Systems Protection Board (MSPB) **within 30 calendar days of an appealable adverse action as defined in 5 C.F.R. § 1201.3.**

Signature Block/Signature of Supervisor

Appendix E - FOH Authorization Disclosure Form

In no way must this data be provided to anyone other than a medical professional. The Agency LER/FOH Coordinator is the program manager for this process.

DEFENSE CONTRACT MANAGEMENT AGENCY

Federal Occupational Health Service

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 t

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

1. Name of EMPLOYEE (print or type)

2. Agency

Department of Defense- Defense Contract Management Agency (DCMA)

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.

FOH6 ME 060112

A105398 S105399

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.

Appendix F - FOH Privacy Act Notice to Patients



FOH

Federal Occupational Health
a component of the US Public Health Service



PRIVACY ACT NOTICE TO PATIENTS

The following information is provided in order to comply with the requirements of the Privacy Act of 1974, and is consistent with the provisions of 5 CFR Parts 293 and 297.

The health services you receive through this Division of Federal Occupational Health (DFOH) program result in the gathering and recording of information that is personal and may be confidential. Under the authority of interagency agreements with your employing agency, DFOH serves as a custodian of your records for the duration of those agreements. Upon termination of agreements with DFOH, the original documents or copies of your records will be transferred to your Employee Medical Folder (EMF) in your employing agency's Employee Medical File System (EMFS). These records are stored as a distinct and separate part of your Official Personnel Folder. Your records are collected and maintained for a variety of purposes, including:

- (a) to ensure that records required to be retained on a long-term basis to meet the mandates of law, Executive order, or regulations (e.g., the Department of Labor's Occupational Safety and Health Administration (OSHA) and OWCP regulations), are so maintained;
- (b) to provide data necessary for proper medical evaluations and diagnoses, to ensure that proper treatment is administered, and to maintain continuity of medical care;
- (c) to provide an accurate medical history of the total health care and medical treatment received by the individual as well as job and/or hazard exposure documentation and health monitoring in relation to health status and claims of the individual;
- (d) to enable the planning for further care of the patient;
- (e) to provide a record of communications among members of the health care team who contribute to the patient's care;
- (f) to provide a legal document describing the health care administered and any exposure incident;
- (g) to provide a method for evaluating quality of health care rendered and job-health-protection including engineering protection provided, protective equipment worn, workplace monitoring, and medical exam monitoring required by OSHA or by good practice;
- (h) to ensure that all relevant, necessary, accurate, and timely data are available to support any medically-related employment decisions affecting the subject of the records (e.g., in connection with fitness-for-duty and disability retirement decisions);
- (i) to document claims filed with and the decisions reached by the OWCP and the individual's possible reemployment rights under statutes governing that program;
- (j) to document employee's reporting of on-the-job injuries or unhealthy or unsafe working conditions, including the reporting of such conditions to the OSHA and actions taken by that agency or by the employing agency;
- (k) to ensure proper and accurate operation of the agency's employee drug testing program under Executive Order 12564.

Under an interagency agreement with your employer (authorized by 5 USC 7901, and section 403 of the Government Management Reform Act, Public Law 103-356), DFOH serves as a custodian of your occupational health records while that agreement is in effect. Unless it is with your written consent, the information in your EMF may be disclosed only for specified "routine uses" or the other grounds for disclosure provided for by the Privacy Act. The routine uses allowed for information in your EMF are listed on the back of this sheet.

Your receipt of health services from DFOH, and your submission of confidential information to your EMF through the DFOH program, are not mandated by DFOH. If you do not wish to participate in these services, or to provide the requested information, you are not required to do so. However, if the health services requested pertain to job-related clearances, and you decline to participate, you should consult with your supervisor. The absence of documented medical clearances in your file may impact your employer's authority to permit you to perform certain functions of your position.

Document **12987** (6-2011) Cat. Num. 57871P

publish.no.irs.gov

Department of the Treasury-Internal Revenue Service

Appendix F - FOH Privacy Act Notice to Patients (Cont.)



FOH

Federal Occupational Health
a component of the US Public Health Service



ROUTINE USES ALLOWED FOR EMPLOYEE MEDICAL FILE SYSTEM RECORDS

- a. To disclose information to the Department of Labor, Department of Veterans Affairs, Social Security Administration, Federal Retirement Thrift Investment Board, or a national, State, or local social security type agency, when necessary to adjudicate a claim (filed by or on behalf of the individual) under a retirement, insurance, or health benefit program.
- b. To disclose information to a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease.
- c. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding.
- d. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, other administrative body before which the agency is authorized to appear, when:
 1. The agency, or any component thereof; or
 2. Any employee of the agency in his or her official capacity; or
 3. Any employee of the agency in his or her individual capacity where the Department of Justice or the agency has agreed to represent the employee; or
 4. The United States, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or the agency is deemed by the agency to be relevant and necessary to the litigation, provided, however, that in each case it has been determined that the disclosure is compatible with the purpose for which the records were collected.
- e. To disclose in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding.
- f. To disclose pertinent information to the appropriate Federal, State, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order when the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- g. To disclose information to the Office of Management and Budget at any stage in the legislative coordination and clearance process in connection with private relief legislation as set forth in OMB Circular No. A-19.
- h. To disclose information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.
- i. To disclose information to the Merit System Protection Board or the Office of the Special Counsel, the Federal Labor Relations Authority and its General Counsel, the Equal Employment Opportunity Commission, arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties.
- j. To disclose information to survey team members from the Joint Commission on Accreditation of Hospitals (JCAH) when requested in connection with an accreditation review, but only to the extent that the information is relevant and necessary to meet the JCAH standards.
- k. To disclose information to the National Archives and Records Administration in records management inspections and its role as Archivist.

ATTACHMENT B

- l. To disclose information to health insurance carriers contracting with the Office to provide a health benefits plan under the Federal Employees Health Benefits Program information necessary to verify eligibility for payment of a claim for health benefits.
 - m. By the agency maintaining or responsible for generating the records to locate individuals for health research or survey response and in the production of summary descriptive statistics and analytical studies (e.g., epidemiological studies) in support of the function for which the records are collected and maintained. While published statistics and studies do not contain individual identifiers, in some instances the selection of elements of data included in the study might be structured in such a way as to make the data individually identifiable by inference.
 - n. To disclose information to the Office of Federal Employees Group Life Insurance or Federal Retirement Thrift Investment Board that is relevant and necessary to adjudicate claims.
 - o. To disclose information, when an individual to whom a record pertains is mentally incompetent or under other legal disability, to any person who is responsible for the care of the individual, to the extent necessary.
 - p. To disclose to the agency-appointed representative of an employee, all notices, determinations, decisions, or other written communications issued to the employee, in connection with an examination ordered by the agency under—
 - (1) Medical evaluation (formerly Fitness for Duty) examinations procedures; or
 - (2) Agency-filed disability retirement procedures.
 - q. To disclose to a requesting agency, organization, or individual the home address and other information concerning those individuals who it is reasonably believed might have contracted an illness or been exposed to or suffered from a health hazard while employed in the Federal workforce.
 - r. To disclose information to a Federal agency, in response to its request or at the initiation of the agency maintaining the records, in connection with the retention of an employee, the issuance of a security clearance, the conducting of a suitability or security investigation of an individual, the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency; or the lawful, statutory, administrative, or investigative purpose of the agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
 - s. To disclose to any Federal, State, or local government agency, in response to its request or at the initiation of the agency maintaining the records, information relevant and necessary to the lawful, statutory, administrative, or investigatory purpose of that agency as it relates to the conduct of job related epidemiological research or the insurance of compliance with Federal, State, or local government laws on health and safety in the work environment.
 - t. To disclose to officials of labor organizations recognized under 5 U.S.C. chapter 71, analyses using exposure or medical records and employee exposure records, in accordance with the records access rules of the Department of Labor's OSHA, and subject to the limitations at 29 CFR 1910.20(e)(2)(iii)(B).
 - u. To disclose the results of a drug test of a Federal employee pursuant to an order of a court of competent jurisdiction where required by the United States Government to defend against any challenge against any adverse personnel action.
 - v. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement or job for the Federal Government.

Appendix G - FOH Reasonable Accommodation Checklist



FOH

Federal Occupational Health
a component of the US Public Health Service



**CHECKLIST
For Reasonable Accommodation Evaluations**

DCMA has authorized a Reasonable Accommodation Evaluation for the following Employee:

Name: _____

Last 4 of SSN: _____ DOB: _____

INSTRUCTIONS: Please gather the documents listed below and use this page as a coversheet. Once complete, the packet should be labeled "Medical Confidential" and sent to:

DCMA
Attn: Melissa Burgess
3901 A Ave Bldg# 10500
Fort Lee, VA 23801

Melissa Burgess
FOH Coordinator / Labor and Employee Relations Division
(804) 734-2317 melissa.b.burgess.civ@mail.mil

Please check off the items below as they are included in the packet.

- Full Position Description, annotated (if needed) to reflect idiosyncrasies of the individual's job.
- Essential Functions of Position, specific to individual's job duties.
- Copy of completed FOH-6: Authorization for Disclosure of Medical Information signed and dated by the employee for release of information. The employee should complete the form (not the physician) and submit as requested. The employee should deliver the original of this form to his/her physician and ask that the requested records be sent directly to FOH. The physician's name, address, and phone number should be included on this release form.
- A letter from the employee's supervisor or the Local DCMA HR representative describing the problem and listing specific questions/concerns that FOH is to address.
- Copies of written communications between DCMA and the employee related to the requested accommodation.
- The contact information (below) for an individual at the employee's worksite who can answer questions about the job and whether suggested accommodations would be feasible at the worksite.

Name: _____ Phone: _____

Job: _____ email: _____

////////////////////////////////////

Packet mailed back to DCMA POC for FOH on _____ by _____
Date Printed Name

Appendix H – Key Terms

- a. **Department of Defense Computer/Electronic Accommodations Program (CAP).** CAP is a centrally-funded RA program that provides assistive technology and services to Individuals with Disabilities (IWD) federal managers, supervisors, and information technology professionals. For more information visit, the CAP web site at www.cap.mil.
- b. **Supervisor.** The supervisor is an Agency official within the employee's chain of command, usually the employee's immediate supervisor. In the case of an applicant, the supervisor will be the selecting official, an Agency official in the selecting official's chain of command, or HC personnel assigned to process the vacancy.
- c. **Individual with a Disability.** An individual who has (i) a mental or physical impairment that substantially limits one or more major life activities, (ii) a record of such impairment, or (iii) is regarded as having such impairment.
- d. **“Qualified” Individual With a Disability.** A “qualified” IWD 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 RA.
- e. **Essential Functions.** Those job duties that are so fundamental to the position that the Individual holds or desires that s/he cannot do the job 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 employees who could perform the function; or the function is specialized and the individual is hired based on his/her ability to perform it. Determination of the essential functions of a position must be done on a case-by-case basis so that it reflects the job as actually performed, and not simply the components of a generic position description.
- f. **Undue Hardship.** If a specific type of RA causes significant difficulty or expense, then DCMA does not have to provide that particular accommodation. Determination of undue hardship is made on a case-by- case basis, considering factors that include the nature and cost of the RA needed and the impact of the RA on the operations of the Agency.
- g. **Extenuating circumstances.** Extenuating circumstances are situations that could not reasonably have been anticipated or avoided in advance of the request for accommodation, or that are beyond the requester's or supervisor's ability to control.
- h. **Reasonable Accommodation.** A RA is any change in the work environment or the way things are customarily done that would enable an IWD to be provided Equal Employment Opportunity (EEO). The request may be made to (1) a supervisor or manager in the individual's chain of command, (2) the office designated by the Agency to oversee the RA process, (3) any Agency employee connected with the application process, or (4) any other individual designated by the Agency to accept such requests 29 C.F.R § 1614.203(d)(3)(i)(D). Three categories of RA are available for employees or applicants with disabilities:
1. Modifications or adjustments to the application process to permit an IWD to be considered for a job (for example, providing application forms in alternative formats such as large print or Braille).

2. Modifications or adjustments necessary to enable a qualified IWD disability to perform the essential functions of the job (for example, providing a sign language interpreter or teletype (TTY) device).
3. Modifications or adjustments that enable individual IWD to have equal benefits and privileges of employment (for example, removing physical barriers in buildings or providing wheelchairs or motorized scooters to facilitate easy access to buildings).