



REASONABLE ACCOMMODATION INFORMATION TRACKING AND REPORTING

Section 1: Requesting Individual's Information		*required fields
INSTRUCTIONS: This form is to be completed by the Deciding Official and submitted to the Bureau/Office Servicing Human Resources Office (SHRO) within 10 business days of the decision along with all information received during the processing of the reasonable accommodation request.		
1. First Name:*	2. Last Name:*	
3. Office:*	4. Date Request Received:*	
5. First Name of Person Who Received Request:*	6. Last Name of Person Who Received Request:*	
7. Job Title held by employee (or in the case of an applicant request, enter N/A here and proceed to Questions 8 through 11):		
8. Job Title Desired in Request:		
9. Job Occupational Series:	10. Job Grade Level:	
11. Job Office		
12. Reasonable accommodation needed for (select only one):*		
<input type="checkbox"/> 12a. modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for a job.		
<input type="checkbox"/> 12b. modifications or adjustments to enable a qualified individual with a disability to perform the essential functions of the job or accessing the work environment.		
<input type="checkbox"/> 12c. modifications or adjustments that enable employees with disabilities to enjoy equal benefits and privileges of employment as are enjoyed by similarly situated employees without disabilities.		
13. Reasonable accommodation(s) requested (e.g., adaptive equipment, reader or interpreter, modified work schedule or removal of architectural barrier).		
14. What was the reasonable accommodation requested for (select only one):*		
<input type="checkbox"/> 14a. Permanent Disability <input type="checkbox"/> 14b. Temporary Disability/Limitation		
15. Date Request Sent to Deciding Official:		

Section 2: Deciding Official's Information		*required fields
16. First Name:*	17. Last Name:*	
18. Telephone Number:*	19. E-mail Address:*	
20. Disability Determination (select only one):* <input type="checkbox"/> 20a. The requestor DOES have a disability as defined by the Rehabilitation Act <input type="checkbox"/> 20b. The requestor DOES NOT have a disability as defined by the Rehabilitation Act <input type="checkbox"/> 20c. No disability determination made		
21. Reasonable Accommodation Decision (select only one):* <input type="checkbox"/> 21a. Approved <input type="checkbox"/> 21b. Approved through (date) (ONLY for temporary disability or limitation) <input type="checkbox"/> 21c. Denied (attach a copy of the written denial, which must explain the basis of denial) <input type="checkbox"/> 21d. Offered an alternative accommodation (attach a detailed explanation)		
22. Date Reasonable Accommodation Approved or Denied:*		
23. Describe the reasonable accommodation provided (if different from what was requested) below:		
24. Requestor's Response to Reasonable Accommodation (select only one):* <input type="checkbox"/> 24a. Requestor accepted alternative accommodations offered (if selected, please proceed to Question 26) <input type="checkbox"/> 24b. Requestor rejected some or all alternative accommodation(s) provided (if selected, please complete Question 25)		
25. Please provide reasons for rejection below:		
26. Date Reasonable Accommodation Implemented:*		
27. If the timeframes outlined in the Reasonable Accommodation Procedures were not met, explain why below.		
28. Was medical information required to process this request? <input type="checkbox"/> 28a. Yes (if selected, please complete Question 29) <input type="checkbox"/> 28b. No (if selected, please proceed to Question 30)		
29. Please explain why medical information was required to process this request and list the documents submitted on behalf of the individual below.		
30. Was a direct threat analysis included in the review of this request? <input type="checkbox"/> 30a. Yes (if selected, please complete Question 31) <input type="checkbox"/> 30b. No (if selected, please proceed to Question 32)		

31. Please indicate who was involved in the direct threat analysis and list the documentation below.		
32. Please list sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network, disability organization, Disability Program Manager) below.		
33. Signature:*		
Section 3: Servicing Human Resources Office		*required fields
34. First Name:*	35. Middle Initial:	36: Last Name:*
37. Please provide any comments regarding this reasonable accommodation request below:		

Privacy Act Notice: The information collected on this form is protected by the Privacy Act and prohibits the disclosure of records by any means of communication (written, oral, or electronic) to anyone that does not have a need to know. The information on this form is required under the provisions of the Rehabilitation Act of 1973, as amended, Federal agencies are required to provide reasonable, job related, accommodations to "qualified individuals with disabilities," unless doing so would cause an undue hardship to the Agency. Information may only be disclosed per the routine uses identified in the INTERIOR/DOI-93, Reasonable Accommodation Request Records, system of records notice, which may be reviewed at: <https://www.doi.gov/privacy/sorn>.

Records Disposition: DAA-GRS-2013-0001-0004 (DRS 1.2, Item 0004) – Short-Term Human Resources Records, Reasonable Accommodation Records, Reasonable Accommodation Employee Case Files. Cut-off on separation or transfer of employee or when all appeals are concluded. Destroy 3 years after cut-off.