

REASONABLE ACCOMODATION FORM

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

Applicant or Employee Name:

Telephone Number: _____

Employee Only:

Occupational Series _____

Grade _____

Applicant or Employee E-mail address: _____

Date of Request: _____

Employee's Agency: _____

1. Accommodation Requested (be as specific as possible)

2. Reason for Request

3. If accommodation is time sensitive, please explain:

This request form shall be given to your immediate supervisor or Mission Area/Agency Disability Employment Program Manager. This form is necessary for recordkeeping purposes only and will not delay the processing of your initial request.

Today's Date: _____

REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of Individual Requesting Accommodation:

Agency and Office of the Requesting Individual:

1. Reasonable Accommodation (check one)

Approved - Name and Title of Deciding Official: _____

Denied (attach form AD-1165 "[DENIAL OF REASONABLE ACCOMMODATION REQUEST](#)")

2. Date accommodation requested and date referred, if applicable:

3. Name and position of individual to whom request was made:

4. Date accommodation approved or denied:

5. Date accommodation provided:

6. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why:

7. Job held or desired by individual requesting accommodation (include occupational series, grade level and office):

8. Accommodation required for:

_____ application process

_____ performing job functions or accessing work environment

_____ accessing a benefit or privilege of employment (e.g., attending training, social event)

9. Type(s) of accommodation requested:

10. Type(s) of accommodation provided:

11. Was medical information required to process this request? If yes, explain why:

12. Cost, if any, of accommodation:

13. Sources of technical assistance, if any, consulted (Job Accommodation Network, family member, rehabilitation counselor, other)

DENIAL OF REASONABLE ACCOMMODATION REQUEST

Name of Individual Requesting Accommodation: _____

1. Type(s) of reasonable accommodation requested:

2. Request for accommodation denied because (may check more than one)

___ Accommodation ineffective

___ Accommodation would cause undue hardship

___ Medical documentation inadequate

___ Accommodation would require removal of an Essential Function

___ Accommodation would require lowering of performance/production standard

___ Other (please specify)

3. Detailed reason(s) for the denial of the accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship).

4. If the requestor proposed one type of reasonable accommodation and the request is denied, and rejected an offer of an alternative accommodation, explain the reason for denial of the original requested accommodation and how the offered alternative accommodation would be effective.

Name and Title of Deciding Official _____

Signature of Deciding Official _____

Date reasonable accommodation denied _____

If an individual wishes to request reconsideration of this decision, s/he may take the following steps:

- Ask the decision maker to reconsider the denial and provide additional supporting information; or
- If the decision maker does not reverse the denial, and the decision maker is the individual's supervisor, the individual may ask the office chief/director to review the request; or
- If the decision maker is the office chief or director, the individual can ask the Agency Disability Employment Program Manager to review the request; or
- If the decision maker is the Agency Disability Employment Program Manager, the individual can ask the Departmental Disability Employment Program Manager to review the request.

If an individual wishes to file an EEO complaint, or pursue Merit Systems Protection Board (MSPB) and union grievance procedures if applicable, s/he must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. § 1614, contact an AMS EEO counselor within 45 days from the date of this notice of denial of reasonable accommodation; or
- 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
- Initiate an appeal to the Merit Systems Protection Board within 30 days of an appealable adverse action as defined in 5 C.F.R. § 1201.3; or
- Utilize the Alternative Dispute Resolution (ADR) process as outlined in the Administrator's Memorandum dated September 18, 2002. Pursuing the ADR process does not relieve the individual of his/her responsibility to adhere to the other applicable time-frames.



USDA CAP Partnership Accommodation Request

To request assistive technology accommodations and services through the USDA CAP Partnership Program, please complete this form and Appendix A of the Reasonable Accommodations Procedures (DM 4300-002). For help in completing these forms or for help in identifying an effective accommodation, contact the USDA TARGET Center staff at 202-720-2600 (v/tty), or the Mid-West TARGET Center staff at 314-539-3800 (v/tty). Please submit the completed forms via fax or email to either TARGET office using the contact information at the end of this form.

Employee: _____ Phone/TTY: _____

Email: _____

Supervisor: _____ Phone/TTY: _____

E mail: _____

ITSupport: _____ Phone/TTY: _____

E mail: _____

Disability Employment

Program Manager: _____ Phone/TTY: _____

E mail: _____

Delivery Address of person receiving the equipment order:

Please identify the item you are requesting including make, model and vendor (if applicable). **For computer installed equipment and software, please answer questions one through eight on pages 7 and 8.**

Please identify your disability for CAP's record keeping purposes. Additional medical documentation and information may be requested by CAP and/or your agency to determine disability. Do not forward medical documentation to TARGET Center. Contact your disability employment program manager or mission area designee if you or your supervisor needs assistance with identifying disability.

Hearing

Vision

Cognitive Mobility/Dexterity Other (identify) _____

Please explain how your disability limits your ability to perform essential job functions and how the requested accommodation will assist you.

For computer installed software and equipment only. To ensure compatibility between the requested computer equipment or software and your current system, please answer the following questions with assistance from your IT support person.

1. What operating system does your computer use? Windows 95 Windows 98
 Windows 2000 Windows NT Windows XP Macintosh
 Other (Identify) _____

2. What is the brand name of your computer? _____

3. What is your processor speed? _____
(Minimum: 266 MHz. * 500 MHz or faster is recommended for best results).

4. How many MB RAM does your computer have? _____
(Minimum: 128 MB RAM. *256 MB RAM is recommended)

5. How much free space do you have on your hard drive? _____
(195 MB free disk space. 150 MB to install Dragon)

6. Does your computer have a cd-rom drive? _____

7. Does your computer have a sound card? If so, what type?

8. Does your computer have a modem? If so what speed?

I certify the above information is correct to the best of my knowledge as indicated by my signature below. Signature certifies that the accommodation is necessary for a person with a disabling condition to accomplish an essential job requirement and that USDA Reasonable Accommodations Procedures have been followed. Any equipment purchased through the USDA CAP partnership becomes property of the USDA, not the individual with a disability. Further, the equipment maintenance beyond initial warranty period and additional supplies after receipt of equipment is the responsibility of the employee's agency.

Signature of Employee

Date

Signature of Supervisor

Date

Contact Information:

USDA TARGET Center
202-720-2600 (v/tty)
202-720-2681 (Fax)

Email: target-center@usda.gov

Website: <http://www.usda.gov/oo/target>

Mid-West TARGET Center (St. Louis)
314-335-8800 (v/tty)
314-539-3808 (Fax)

Midwest-Target@stl.rural.usda.gov

Serving the Midwest and Western US.