



U.S. DEPARTMENT OF ENERGY

# Interim Desk Reference for Reasonable Accommodation Desk Reference - 2017

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## Reasonable Accommodation Desk Reference

### 1. **INTRODUCTION.**

This Desk Reference discusses the actions to stand up a reasonable accommodation process compliant with the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 for the Department of Energy (DOE). It is the policy of the DOE to provide equal employment opportunity to all employees and applicants for employment, including qualified individuals with disabilities. In carrying out its goal to be a model employer of persons with disabilities, the Department promotes full access, consideration, integration, promotion, and retention of persons with disabilities across the broad range of its workforce. The Department is committed to providing reasonable accommodation to qualified employees and applicants with disabilities, consistent with all applicable laws, Executive Orders, regulations, and Equal Employment Opportunity Commission (EEOC) guidelines. Supervisor and Manager participation is essential to achieve the goals of this program. This document sets forth the requirements and other information that guides the DOE in responding to the reasonable accommodation requirements of its workforce.

### 2. **PURPOSE.**

The purpose of this document is to establish Departmental procedures and guidance for processing requests for reasonable accommodations by employees and applicants with disabilities.

### 3. **AUTHORITIES.**

- a. Section 501 of the Rehabilitation Act of 1973, as amended.
- b. Executive Order 13164, dated July 26, 2000.
- c. Title I of the Americans with Disabilities Act of 1990, 42 USC 12101-12117.
- d. Rehabilitation Act of 1973, 29 USC 701.
- e. EEOC Policy Guidance.
- f. 29 Code of Federal Regulations 1614, November 9, 1999.
- g. EEOC Management Directive for 29 CFR 1614 (EEO-MD-110), as revised, August 5, 2015, Appendix L-5.

### 4. **SCOPE.**

To enable a process that adheres to The Americans with Disabilities Act of 1990 (ADA) amended Section 501 of the Rehabilitation Act (Title I), by applying non-discriminatory practices to Federal employees and applicants, in which the standards of the ADA (Title I):

- a. Prohibits discrimination on the basis of a disability.
- b. Requires Federal employers to ensure that their employment policies do not unnecessarily exclude or limit individuals with disabilities because of a job's structure or because of architectural, transportation, communication, procedural or attitudinal barriers.
- c. Requires employers to make "reasonable accommodation" to the known physical or mental limitations of qualified applicants and employees unless the agency can demonstrate that the accommodation would impose an undue hardship on the operation of its program; and
- d. Prohibits use of selection criteria and standards, which tend to screen out people with disabilities, unless such criteria have been determined through job analysis to be job-related and consistent with

business necessity and an appropriate individualized assessment indicates that the applicant cannot perform the essential functions of the job, with or without reasonable accommodation.

5. **POINT OF CONTACT.**

For assistance regarding the guidance in this Desk Reference, contact the Director, Human Capital Policy Division by calling (202) 586-1234.

6. **APPLICABILITY.**

This guidance is applicable to all applicants and employees within the DOE. It does not include provisions for contract workers. Contract workers should contact their employing company to initiate a reasonable accommodation request. This guidance is subject to revisions contingent on changes made to the laws, rules, and regulations applicable to this topic.

7. **EXPLANATION OF KEY TERMS.**

- a. Designated Management Official (DMO). The person or designee who has the authority to decide whether the organization will provide the requested reasonable accommodation, and if so, the nature of the accommodation. The DMO is normally the employee's first or second line supervisor (or manager); however, another DMO may serve in this capacity. For applicants who are applying to a vacancy announcement, the DMO is the vacancy's point of contact in the applicable Servicing Human Resource Office (SHRO) or Shared Service Center (SSC).
- b. Direct Threat. This is a significant risk (high probability) of substantial harm to the health or safety of the employee or to others. Mitigating or minimizing the risk through a reasonable accommodation action will not occur. The Local Reasonable Accommodation Coordinator (LRAC) must engage in an individual assessment that is based on the medical documentation and the best available objective evidence. Thus, the decision cannot be based on assumptions, unwarranted fears, generalizations, stereotypes, or myths about a particular disability. The assessment must be based on the medical documentation.
- c. Effective Accommodation. The needs of the individual reasonable accommodation are met, which address the barrier created by the functional limitations.
- d. Essential Functions. The essential functions of a job are the occupational duties that are fundamental to the position to the extent that the individual cannot do the job without being able to perform them.
- e. Extenuating Circumstances. Factors beyond the Department's control which make it impossible for a reasonable accommodation to be provided within the established time frame.
- f. Individual with a Disability. A person who meets the definition set forth in the ADAAA and has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. In DOE, the LRAC determines whether an individual has a disability covered by the ADAAA.

An impairment that is episodic or in remission may still be a disability if the impairment substantially limits a major life activity when active. As to duration of the disability or functional limitation, if a disability has effects that are not both transitory and minor, applicable law covers it. Note that as defined in 29 C.F.R. 1630.3, the terms "disability" and "qualified individual" do not include individuals currently engaged in the illegal use of drugs.

- g. Interactive Process. In most circumstances, it is the obligation of the employee to request the reasonable accommodation. However, there may be situations where the known disability of the employee impairs that employee's ability to communicate a need for an accommodation that is obvious to the supervisor (or manager). In either circumstance, the need for an accommodation should begin an interactive and flexible process between the employee and supervisor (or manager) in order to identify an effective accommodation. An effective accommodation is one that will allow the employee to perform the essential functions of the job. The interactive process may include (1) an analysis of the particular job to determine its purpose and essential functions, (2) a consultation with the employee to ascertain the precise job-related limitations imposed by the individual's disability and how those limitations could be overcome with a reasonable accommodation, (3) an identification of potential accommodations and, in conjunction with the employee, an assessment of the effectiveness of those accommodations in enabling the employee to perform the essential functions of the job, (4) consideration of the preference of the employee and selection and implementation of the accommodation that is appropriate for the employee and the employer and (5) the overall needs of the organization. The accommodation need not be the most expensive, nor must it be exactly what the employee requests, but it must be effective.
- h. Last Resort. Before considering reassignment as a reasonable accommodation, the Department should first consider those accommodations that would enable an employee to remain in his/her current position. Reasonable accommodations of last resort (reassignment) is required only after it has been determined that: (1) there are no effective accommodations that will enable the employee to perform the essential functions of his/her current position, and/or (2) all other reasonable accommodations would impose an undue hardship.
- i. Light Duty. Temporary or permanent work that is physically or mentally less demanding than normal job duties. When an employee has been injured on the job but wishes to return to work, light duty can be offered. There is no obligation to create a light duty position for an employee with a disability or injury that was not acquired on the job. Light duty is not an acceptable form of reasonable accommodation as it is temporary in nature.
- j. Local Reasonable Accommodation Coordinator (LRAC). Assist DMO's and other management officials with processing requests for reasonable accommodation; interpreting regulations and statutes; reviewing existing policies and procedures; having interactive discussions with the employee, and recommending appropriate decisions and coordinating required reviews in accordance to the requirements of this Guide.
- k. Major Life Activities. Under the ADAAA, the definition is very broad. Major life activities are walking, seeing, hearing, talking, lifting, and breathing. Major bodily functions are also major life activities, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions. Consequently, under the ADAAA, cancer is a disability even if it is asymptomatic.
- l. Mitigating Measures. Medications and assistive devices that an individual uses to eliminate or reduce the effects of functional impairment caused by a disability.
- m. Physical or Mental Impairment. A "physical impairment" is any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic, and lymphatic, skin, and endocrine. A

“mental impairment” is any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

- n. Qualified Individual with a Disability. An individual with a disability who satisfies the minimum requisite skill, experience, education and other job-related requirements of the position held or desired and, with or without reasonable accommodation, can perform the essential functions of such position.
- o. Reasonable Accommodation. “Reasonable accommodation” means modification or adjustment to a job application process, work environment, manner, or circumstance under which a position held or customarily performed, policies, practices or procedures that enable a qualified individual with a disability an equal opportunity to enjoy the benefits and privileges of employment without creating undue hardship upon the agency.
- p. Reassignment. Employee moves to another position or is assigned to a new position description when his or her job is reclassified, modified, or restructured. Reassignment is considered as a reasonable accommodation only as a last resort; after all other possible accommodations have been explored and ruled out. Assignments will be made to vacant funded positions. A position is considered a “vacant funded” position when a request to initiate a personnel action is received in the SHRO/SSC, or when DOE knows that a position will become available within next sixty (60) calendar days. Also, see “Last Resort”.
- q. Record of Impairment. A history of or having been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.
- r. Regarded as Having an Impairment or Disability. Is defined as: “an individual who has been subjected to an action prohibited by the ADAAA (i.e. discrimination) because of an actual or perceived impairment/disability that is not both transitory and minor”. Under these conditions DOE is under no obligation to provide reasonable accommodation, as per the EEOC. However, these individuals may not be discriminated against because of a regarded disability.
- s. Substantially Limits. An impairment which “Substantially limits one or more major life activities” that prevents a person from being able to perform a major life activity that the average person in the general population can perform; or significantly restricts the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity.
- t. Transitory and Minor Impairment. An impairment that is both transitory (temporary) and minor which does not affect any major life activities. DOE is not required to provide an accommodation if the impairment is both transitory and minor. Analysis of a reasonable accommodation requests where the disability is only transitory or minor will be done on a case-by-case basis.
- u. Undue Hardship. A significant difficulty or expense incurred or anticipated should the organization provide a particular accommodation.
- v. Vacant Position. “Vacant” means that the position is available when the employee asks for reasonable accommodation, or a position that DOE knows will become available within 60-day (calendar) timeframe. A position is considered vacant even if DOE has not posted a notice or

announcement seeking applications for that position. DOE is not required to bump an employee from a job in order to create a vacancy; nor does it have to create a new position.

8. **GENERAL REQUIREMENTS.**

a. **Requesting Reasonable Accommodation.**

- 1) A request for reasonable accommodation is an oral or written request made by an applicant or employee or their representative (e.g., a family member, health care professional, or an agent acting on behalf of the employee or prospective employee) to the employee's supervisor, any manager in the employee's management chain, the LRAC, or the hiring SHRO/SSC. The LRAC and/or DMO must be notified of all reasonable accommodation request(s) (written and/or oral) no later than five (5) days after receipt of the request(s).
- 2) A requestor is not required to use the words: "reasonable accommodation", "disability", or "Rehabilitation Act" in the request, however should describe the disability and requested accommodation to the best of their ability. Additionally, an employee may request a reasonable accommodation whenever s/he chooses, even if s/he has not previously disclosed the existence of a disability. The accommodation request should only occur once and not be repetitive. In such cases, the supervisor (or manager) and the requestor should work together to anticipate any situations that may require recurring accommodation (e.g., sign language interpreters, personal assistant, or large print documents).
- 3) In cases when a supervisor (or manager) directly observes information that may indicate an individual has a disability, and it is not clear whether the employee is requesting an accommodation, the supervisor (manager) should consult with the LRAC.
- 4) Job applicants or their representatives may submit a written or verbal request for an accommodation for any part of the application process, including the interview phase, to the SHRO/SSC point-of-contact in the job opportunity announcement.
- 5) A reasonable accommodation request shall not be the basis for a lower performance appraisal or adverse employment action.

b. **Interactive Process.**

- 1) The reasonable accommodation process is reserved for any employee or applicant who may fall within one of the three prongs of Disability as defined in 29 CFR Part 1630, as having:
  - a. a physical or mental impairment that substantially limits one or more major life activity; or
  - b. a record of such impairment. An impairment that is episodic or in remission may still be a disability if the impairment substantially limits a major life activity when active; or
  - c. is regarded as having such an impairment. Special note: the agency is not required to accommodate those who may fall within the regarded status without appropriate medical evidence that demonstrates function limitations.

- 2) In order for the Reasonable Accommodation process to be successful, it requires open communication and ongoing dialogue between management, employee or applicant, the LRAC, and other appropriate parties as needed.
- 3) When the individual makes an oral or written request for reasonable accommodation, the DMO must engage in the interactive process with the individual. The interactive process is the communication between the DMO and the employee, in consultation with the LRAC, to determine how best to respond to the employee's request. The DMO or LRAC will first explain the reasonable accommodation process to the employee, then conduct an individualized assessment of the essential and marginal job functions, the employee's limitations, and possible accommodations.
- 4) Any of the following situations may trigger the interactive process:
  - a. The employee or applicant or their representative requests accommodation or otherwise indicates a need; or
  - b. The applicant fails a post-offer medical physical examination; or
  - c. The employee returns to work from medical leave of absence with restrictions or limitations.
  - d. Any of the following individuals may initiate the interactive process:
    - (a) The employee or their representative designated in writing; or
    - (b) The supervisor (or manager), after a request or indication of need from the employee or applicant; or
    - (c) The LRAC or a member of the Human Capital organization (e.g., the point of contact on the JOA) may initiate the process after receiving medical information indicating the employee or applicant may need an accommodation.
- 5) The LRAC normally coordinates the interactive process. The interactive process may be different for each situation, but may include:
  - a. Meeting with the employee;
  - b. Meeting with the supervisor (or manager) to identify the essential functions of the position;
  - c. Requesting and/or reviewing medical documentation and/or related information as given to the LRAC;
  - d. Discussing possible accommodations with the requesting employee and supervisor (or manager); and
  - e. The DMO will determine (with the advice and/or assistance of the LRAC) which accommodations are reasonable, if any.

- 6) Ongoing communication and cooperation are important, especially when a specific limitation, problem, or barrier is unclear or when the disability or an effective accommodation is not obvious. Documented interactive discussions will include the date, time, participants, and key points or commitments noted.
- c. Determining Whether a Requestor is Covered by the Rehabilitation Act of 1973.
- 1) The determination of disability has been simplified by the ADAAA. The individual must have a disability covered under the ADAAA which will entitle them to a reasonable accommodation.
  - 2) Under the ADAAA, this determination shall not demand extensive analysis and is dependent on a number of factors to include:
    - a. The nature and severity of the individual's impairment (minor and transitory illnesses or disabilities are not normally considered qualified disabilities for accommodation purposes);
    - b. The major life activity or activities that the impairment limits;
    - c. The extent to which the impairment limits the individual's ability to perform the major life activity or activities; and/or
    - d. The individual's record of impairment, if any.
  - 3) If the medical documentation clearly states that the individual has a medical condition, the LRAC should determine if the medical condition is a disability, within the meaning of the Rehabilitation Act.
  - 4) The LRAC should then let the DMO know whether the employee has a covered disability (without naming the disability) and explain to the DMO the functional limitations of the disability. The LRAC may contact the Office of Human Capital Policy and Accountability, Human Capital Policy Division for assistance.
  - 5) If the individual does not have a visible disability and refuses to provide medical documentation; with the assistance of the LRAC, the DMO will advise the employee in writing that absent timely receipt of medical documentation the employee's accommodation may be denied.
  - 6) If the medical documentation does not support the functional limitations claimed by the employee or if there is a question about the medical documentation, the LRAC may consult with an onsite certified (professional) medical personnel and/or the Health and Human Service (HHS), Federal Occupational Health (FOH) after redacting the employee's name, the DMO's name and other identifying information.
  - 7) DMOs, even those who are medical professionals, shall accept the disability determination made by the LRAC, based on the information from the employee's health care provider.
  - 8) If after consultation and concurrence of the local legal office, it is determined that the individual is not covered by the Rehabilitation Act, the request for accommodation will

be denied and a written Denial of Requested Accommodation letter must be issued to the employee.

d. When Medical Information is needed for Disability Determination.

- 1) Medical documentation may not be necessary to support every accommodation request.
- 2) When a disability or need for reasonable accommodation is not obvious or otherwise known to the DMO, the LRAC may request that the employee submit administratively acceptable medical documentation regarding the disability and their functional limitations. The LRAC will provide the employee with the Initial Request for Medical Documentation for completion by his or her medical provider. Alternatively, when the employee has difficulty in obtaining medical information, the LRAC may provide the employee with Authorization for Limited Release of Medical Information for the employee to complete and return to the LRAC, which will authorize the LRAC to obtain the medical documentation.  
Medical documentation goes only to the LRAC and is not shared with the DMO or anyone else without a need to know.
- 3) Medical documentation requests that have not been received within forty-five (45) calendar days will be denied for failure to submit/obtain administratively acceptable medical documentation. The employee should be advised that s/he may reengage in the process by resubmitting the request with administratively acceptable medical documentation at any time in the future.
- 4) Requests for medical documentation must be limited to the questions relevant to the employee's limitations in question.
- 5) If the information provided by the requestor's health care professional is insufficient to enable an informed determination, additional information may be requested in consultation with the local legal office or other experts. In this instance, the LRAC should explain to the requestor why the submitted documentation is insufficient, identify the information that is needed and allow the requestor an opportunity to provide the information.
- 6) All remaining processing timeframes are held in abeyance pending receipt of medical documentation.
- 7) When the employee's health care provider has provided medical information but it is unclear regarding the functional limitations, the LRAC may consult with FOH.
- 8) In some cases, FOH will require the LRAC to obtain a release from the employee for them to contact the employee's medical provider.
- 9) When there is a need to directly contact the health care professional to clarify an employee's functional limitations, (i.e. unavailability of the employee), the LRAC will notify the employee or his or her representative of the need for an Authorization for Limited Release of Medical Information.
- 10) If the requestor refuses to provide the necessary release of medical information and fails to respond to requests for information, the request may be denied upon receipt of local legal staff concurrence.

- 11) In rare cases, if the employee has been cooperative but the completed Initial Request for Medical Documentation form and responses to subsequent inquiries are insufficient to determine whether the employee has a disability within the meaning of applicable law, the LRAC may consult with the local legal staff to obtain concurrence to request that the employee be examined by a health care professional of DOE's choice, at no cost to the employee.
- 12) Refusal of an evaluation by the employee or the applicant may be cause for the reasonable accommodation to be refused. The denial must have concurrence by the local legal staff.
- 13) If a fitness-for-duty exam reveals a functional limitation that will adversely impact the employee's ability to perform the essential duties of the job, the employee should not be asked to obtain additional medical documentation. The exam results should be shared with the employee. The employee should be advised of the reasonable accommodation process. If the employee requests accommodation, the process should begin at that point.

e. Identifying and Granting Accommodations for Applicants.

- 1) The Human Capital (HC) representative in conjunction with the LRAC will engage in the interactive process with the applicant and will review the barriers claimed by the applicant requesting accommodation. Accommodations that will enable the individual to complete the applicant process, including the interview, will be considered. The Office of Human Capital Policy and Accountability, Human Capital Policy Division may be consulted when needed.
- 2) Some specific examples of reasonable accommodation for applicants are:
  - a. Allowing a hard copy application instead of requiring the on-line process;
  - b. Moving the interview location to a facility that is physically accessible;
  - c. Providing an oral or sign language interpreter for a deaf applicant at the interview;
  - d. Providing application materials and responses in an accessible format, such as digital, large print, or email and/or;
  - e. Escorting a blind applicant to and from the interview room; etc.
- 3) Time is of the essence for any accommodation, but is especially important when it is for an applicant. Absent extenuating circumstances, timelines must be adhered to.

f. Identifying and Granting Accommodation for Employees.

- 1) The DMO and the LRAC will review the functional limitations and in discussions with the DMO and employee, identify possible reasonable accommodations that will enable the employee to perform the essential functions of the position and/or access the benefits and privileges of employment.

- 2) The essential functions of a job are the occupational duties that are fundamental to the position to the extent that the individual cannot do the job without being able to perform them.
- 3) If a function is listed in the position description as being an essential function, it will not automatically be considered “essential” for purposes of accommodation.
- 4) The following factors may be helpful in determining whether a job function is essential:
  - a. Whether the reason the position exists is to perform that function;
  - b. The number of other employees available to perform the function or among whom the performance of the function can be distributed;
  - c. The degree of expertise or skill required to perform the function;
  - d. Written job descriptions prepared before advertising or interviewing applicants for the job;
  - e. The amount of time actually spent on the job performing the function;
  - f. The consequences of not requiring the incumbent to perform the function;
  - g. The work experience of past incumbents in the job; and/or
  - h. The current work experience of incumbents in similar jobs.
- 5) The requesting employee may propose an accommodation for consideration. Some specific examples of reasonable accommodation are (but are not limited to) the following:
  - a. Modifying a cubicle to allow room for a wheelchair or scooter;
  - b. Restructuring marginal (non-essential) job functions that cannot be performed because of functional limitations;
  - c. Where essential functions permit, allowing a modified work schedule or telecommuting for an individual who has a disability that makes commuting difficult;
  - d. Obtaining screen-reader software for an individual who is blind;
  - e. Printing examinations and training materials in large font;
  - f. Providing interpreters or captioning services for an employee who is deaf;
  - g. Ensuring that training is offered only at fully accessible facilities;
  - h. Providing an assigned accessible parking space close to the building entrance and the employee’s office for an individual with a mobility impairment;
  - i. Allowing an employee to use a service animal in the workplace; and/or

- j. Reassignment to another position.
- 6) When the disability is known or documented, DMOs should grant accommodation requests for qualified disabilities in accordance with law and regulation;
- 7) Decisions should be made at the lowest level to ensure timeliness and efficiency;
- 8) The DMO must select an effective accommodation that meets the needs of the individual by addressing the barrier created by the functional limitations.
- 9) When there are two or more accommodations that would be equally effective, the DMO may choose the one that is easier or less expensive to provide.
- 10) If more than one accommodation is effective, the preference of the employee should be given consideration. However, the DMO has the ultimate discretion to choose between effective accommodations.
- 11) When necessary the DMO and LRAC will coordinate with facilities maintenance and/or ergonomic office to ensure the employee is accommodated without disclosing the disability.
- 12) Once an accommodation request is approved for a disability related functional limitation, the employee retains the accommodation and any required equipment while at DOE even when the DMO changes or the employee transfers or is reassigned to a different part of DOE.
- 13) Should a supervisor (or manager) believe the accommodation in place is no longer effective or required, the supervisor (or manager) must consult with the LRAC. The local legal staff will be contacted before making any changes that are not requested by the employee.
- 14) If an employee's job duties change, the DMO should consult with the LRAC to determine if the current accommodation is still needed and effective.

9. **TELEWORK REQUIREMENTS.**

- a. Telework can be an appropriate reasonable accommodation for an employee with a disability, even if other staff members are not permitted to telework under local policy.
- b. When telework is provided as an accommodation, there is more flexibility in the number of days and the frequency of telework than normally would be granted to employees who are not receiving an accommodation.
  - 1) For example, an employee with a disability who has difficulty coming into the office and whose absence from the workplace does not hinder productivity, may be allowed to telework every day; or
  - 2) Alternatively, an employee with a disability that is aggravated by extreme temperatures or poor air quality on certain days might only be allowed to telework only on days when those situations occur.
- c. If an employee is approved for telework and needs special equipment/assistive technology, the Department should provide that equipment/technology. Examples include special software or keyboards, etc. DOE cannot provide furniture (desks, chairs, etc.) in a non-Federal workspace.

- d. If the employee has the necessary equipment in the office, but will be teleworking full time, the equipment should be moved to the employee's home by DOE.
- e. When the need for telework ends or the employee leaves DOE, the equipment must be returned to the facility at no cost to the employee.
- f. All documentation related to telework as a reasonable accommodation must reside with the LRAC.
- g. Employees teleworking as an accommodation will be required to complete routine telework agreements and annotate telework time in the time and attendance system.
- h. Employees teleworking as part of a reasonable accommodation will be identified as being on a routine telework agreement and will NOT be identified as being on "medical telework" to protect the employee's privacy.

10. **DOE-DOD PARTNERSHIP REGARDING THE COMPUTER/ELECTRONIC ACCOMMODATIONS PROGRAM.**

- a. DOE facilities and offices should fully utilize The Department of Defense's Computer Accommodations Program (CAP), which provides assistive technology free of charge to individuals with disabilities who are federal employees or participating in the Workforce Recruitment Program. CAP provides assistive technology for individuals who are blind, have low vision, are deaf, hard of hearing, or have dexterity, communication, cognitive, or learning disabilities, post-traumatic stress disorder (PTSD) and other disabilities. Accommodation requests for assistive technology may be made to the employee's supervisor, management official in the employee's chain of command and/or LRAC and must be entered into CAP online by the LRAC or after an employee's request for accommodation is approved. Only the LRAC is authorized to submit requests to CAP.
- b. When necessary, CAP can conduct a needs assessment to identify the most appropriate solutions for an individual requesting a reasonable accommodation when it is unclear what would be most effective.
- c. When feasible, CAP will provide the accommodation.
  - 1) CAP normally covers the cost of installation, integration, and in some cases training on assistive technology (i.e. wounded service members).
    - a. Where CAP does not provide training on assistive technology, requests for those types of training tools should be made through the normal procurement process and does not constitute a reasonable accommodation.
    - b. Before requesting a needs assessment from CAP, the employee's functional limitations and duties should be determined.
    - c. The Job Accommodation Network (JAN) may be consulted for suggestions on a suitable accommodation ([www.askjan.org](http://www.askjan.org)).
    - d. In some cases, CAP staff will have questions and may even request medical documentation. The LRAC should respond as soon as possible because a lack of a timely response, can lead to a denial by CAP.

- e. CAP does not provide office furniture, lighting, sign language interpreters, captioning, readers or other non-IT related accommodations.
- f. The DOE DMO has the responsibility to accommodate the DOE's employees and applicants with the assistance of the LRAC.
- g. DOE must timely provide approved accommodation requests that fall beyond CAP's purview or are unfulfilled due to lack of CAP funds.

11. **PARKING.**

- a. When there are a limited number of employee parking spaces, employees with mobility impairments or a disability that precludes them from using public transportation have priority over all other groups, per 41 CFR § 102-74.305.
  - 1) Additional handicapped spaces will have to be created if a facility does not have sufficient number of handicapped parking spaces for the number of employees with mobility impairments who requests parking as a reasonable accommodation; and
  - 2) Facilities may NOT require employees to arrive early in order to get a space.
    - a. Assigning each handicap space to a specific employee is highly recommended.
- b. When a request for reasonable accommodation is approved for a space near the building, the employee should be provided an assigned space with the shortest route to their workspace.
  - 1) The Americans with Disabilities Act Accessibility Guidelines specify the size of the space and the access area.
- c. Every facility that provides parking spaces to employees must have a standardized method for ensuring that employees with mobility impairments receive the parking spaces that are closest to the building if requested, or transportation from the parked vehicle to the vehicle entrance.
  - 1) Spaces must be large enough for ingress and egress; and
  - 2) This applies to all DOE facilities, including leased facilities.

12. **REASSIGNMENT AS A REASONABLE ACCOMMODATION OF LAST RESORT (RALR).**

- a. Under the Rehabilitation Act, a non-competitive reassignment to a vacant position is considered an appropriate form of reasonable accommodation.
- b. Reassignment (as a form of accommodation) is the last resort and must be considered only when there is no other accommodation available that will enable the employee to perform the essential functions of his/her current position of record.
- c. Reassignment can only be considered if the employee has a long-term or permanent disability. Short-term or temporary disabilities are not eligible for reassignment through the last resort process.

- d. If the employee has a short-term/temporary disability, the LRAC, in consultation with the supervisor (or manager), may consider other appropriate workplace adjustments (e.g., details to another position, etc.) as a form of accommodation.
- e. If the organization is unable to accommodate the employee (or provide another alternative), the supervisor (or manager) will submit a written statement to the LRAC (reviewed and concurred by the DMO) stating that all possible accommodations (that could assist the employee in accomplishing essential job functions) have been considered and exhausted.
- f. If it appears that no other accommodations (or other alternatives) are available, the consideration for reassignment will be initiated by the DMO in consultation with the LRAC and employee.

**Note:** If the employee's medical documentation indicates that the employee is unemployable, then, the Department is not required to search for a vacant position. Unemployable status must be supported in the medical documentation from the employee's private physician and confirmed by the DOE's medical advisor (or FOH). Assumptions/speculations of unemployable status are not allowed. The determination must be significantly justified. If the LRAC is unsure in interpreting the medical documentation it must be sent to the FOH or the on-site medical professional (if applicable) for final determination.

- g. The LRAC shall be responsible for promptly meeting with the employee to discuss the employee's last resort possibilities, i.e., a reassignment into another position. For the purposes of reassignment, all components of DOE (to include NNSA) are considered one agency; the employee may request reassignment to any component/facility. Please note, the interactive process is extremely critical at this time.
- h. Through the interactive process, the LRAC will work with the employee to ascertain the employee's preferences regarding his/her willingness to accept a position outside his or her duty location and/or beneath his or her current pay grade. The LRAC will obtain information regarding the employee's limitations for reassignment, along with an updated resume and a functional limitations document (with sufficient information in order to conduct a meaningful search for vacant positions). If the employee fails to provide the limitations document and/or updated resume within five (5) calendar days from the day of LRAC's request, the search for vacant positions will be based on the current position description and/or the last resume/application on file.
- i. The LRAC should advise the employee that although s/he has provided their preferences, reassignment into a vacant position is contingent upon availability; and therefore the employee may be offered another position outside of his/her stated preferences.
- j. The LRAC must forward the supervisor's (or manager's) written statement in accordance with 12-e (of this section), the completed Limitations on Reassignments document, updated resume, DD-214 (or other veteran documentation, if applicable to determine if the employee is eligible for Uniformed Services Employment and Reemployment Rights Act (USERRA) entitlements, functional limitations document, a synopsis detailing all attempts to accommodate the employee and a copy of the most recent position description to the Human Capital Policy Division.
- k. The Human Capital Policy Division will review the documents and initiate a Department-Wide search for a vacant position.
- l. Once it is confirmed that the SHRO/SSC followed the appropriate protocol in their attempts to

accommodate the employee to no avail, then, the Human Capital Policy Division will initiate the Department-Wide search for vacant positions (and reassignments) in the following manner:

- 1) Reassignments will be made to a vacant position only. While all employees (regardless of tenure) are eligible for reassignment as a reasonable accommodation, careful attention must be given to the nature of the employee's current appointment (i.e., term appointment, temporary appointment, career-career conditional, excepted service appointment, etc.)
- 2) Both full and part-time positions should be considered for reassignment.
- 3) Employees may only be reassigned to positions for which they are minimally qualified. Minimum qualifications will be determined based on OPM qualification standards. Employees are not required to be best qualified to be assigned into a vacant position.
  - a. If the employee has some physical limitations that would disqualify him or her from an occupational series s/he might have otherwise qualified for, such limitation(s) should be noted (on the functional limitation documentation) when forwarding the request to the Human Capital Policy Division (and/or determining) the employee's qualifications.
  - b. Note: an employee's requested work schedule (e.g. full-time telework) does not impact his/her ability to perform in the position. Therefore, the requirement to telework (and or have an alternate work schedule), cannot be used to determine minimum qualifications.
  - c. The employee must be able to perform the essential functions of the new position, with or without reasonable accommodations.
  - d. The Department is not obligated to assist the individual to become qualified for the position unless the employee is entitled to consideration under USERRA and/or other similar entitlements/considerations. In which case, SHROs/SSCs must consult with Human Capital Policy Division for further guidance and instruction when the employee is entitled to reassignment via of Reasonable Accommodation and USERRA.
  - e. The Department must provide an employee with a disability who is being reassigned, with any training that is normally provided to anyone hired for or transferred into a similar position.
  - f. Educational achievements and training requirements must be in accordance with the OPM qualification standards. Hiring officials cannot require an employee to have certain educational achievements and/or training unless it's a minimum requirement of the position.
- m. Reassignments will be to a position of equivalent tenure, pay, and grade when available.
- n. Assignments to lower graded and/or lower paying positions must be considered only if no other (equivalent) position is available or will be available within the next sixty (60) calendar days. Accordingly, for pay setting purposes, OPM has determined that reassignments under the reasonable accommodation process (due to medical inability to perform in current position of record) is not considered an "action" at the employee's request, and therefore, pay retention may be required in some cases.
- o. Reassignments will not be made when it places an undue hardship on DOE's operations. For this

purpose, cases of undue hardship must be sent to the Director of Human Capital Policy and Accountability for review (who may confer with the Office of General Counsel when needed).

- p. Reassignments as the last resort must be considered Department-Wide with the following order of precedence:
- 1) Organizational component – local commuting area (same organization and same commuting area);
  - 2) Organizational component – nation-wide (same organization various commuting areas);
  - 3) Department-Wide – local commuting area (Department wide search within the local commuting area); and
  - 4) Department-Wide – nation-wide.
- q. The reassignment process will be initiated by the DMO. The DMO will work with the LRAC (who will consult with the SHRO/SSC to determine if any vacant (suitable) positions are available at the organizational level (see the order of precedence as identified in paragraph "p" above).
- 1) The preliminary (internal) search must include vacant positions and positions that may become vacant within the next sixty (60) calendar days.
  - 2) The preliminary search should be based on the employee's updated resume (or last resume on file).
  - 3) The internal search must be conducted before requesting a Department-Wide search for vacant positions.
  - 4) If it is determined that a reassignment of last resort requires a Department-Wide search, the Human Capital Policy office will confer with the LRAC to ensure an internal search was conducted.
- r. If the organization is unable to identify a position for the employee within the current organization, then the search for vacant position must be expanded Department-Wide. During the process of the reasonable accommodation of last resort the employee will be placed on administrative leave.
- 1) The request for reassignment of last resort (Department-Wide search) must be sent to the Human Capital Policy Division within ten (10) calendar days of determining that no positions are available at the organizational level; and a Department-Wide search is needed.
  - 2) Upon notification that a reassignment of last resort requires a Department-Wide search, the Human Capital Policy Division will:
    - a. Review and compare the employee's resume with functional limitations document
    - b. Compare the PD with the supervisor's (or manager's) assessment stating accommodations are not feasible;

- c. Review the employee's limitations on reassignment form; and
  - d. Determine and advise which occupational series and grades the employee should be considered for in accordance with the OPM qualification standards.
- s. The Reasonable Accommodation Reassignment List (RARL) will be updated with the occupational title, series, and highest grade of the position that must be considered Department-Wide. The RARL will NOT include the employee's name or personal identifiable information. The RALR will be accessible on the HCNet.
  - 1) The RARL will be updated and maintained by the Human Capital Policy Division.
  - 2) SHROs/SSCs are required to clear the RARL prior to posting any vacant position simultaneous to clearing the Department's RPL).
  - 3) Human Capital Policy Division will notify SHROs/SSCs of any updates and changes to the RARL on a monthly basis.
  - 4) SHROs/SSCs will document in case file when the RARL is cleared.
- t. Human Capital Policy Division will request information on any known vacancies or anticipated vacancies (within the next sixty (60)calendar days) to include pending retirements for the occupational series and grade level for which the employee is minimally qualified.
  - 1) Human Capital Policy Division will create a case file for the requestor and conduct a review of DOE vacancies via the Department's automated personnel action tracking system, the Department's automated hiring system as well as USAJOBS.
  - 2) SHROs/SSCs are required to update the Human Capital Policy Division and the LRAC with search details on a bi-weekly (but no more than monthly) basis to ensure no other positions for which the employee is minimally qualified have become available. Note: Use of the Department's RARL will also assist with this process.
  - 3) In the case of Department-Wide searches, Human Capital Policy Division will advise SHROs/SSCs which occupational series and grades should be considered.
  - 4) If the SHRO/SSC disagree with the determination, remediation with the Director of HC Policy and Accountability will occur within five (5) business days.
  - 5) In conducting the Department-Wide search, Human Capital Policy Division will focus on positions that are equivalent to the employee's current position in terms of pay, grade level and other relevant factors.
  - 6) If no equivalent position is identified within the employee's local commuting area, the search for positions will expand Department-Wide.
- u. Permanent Change of Station (PCS) must be considered IAW the Federal Travel Regulations section 302-1.1b.

- 1) If an employee accepts a position in a different commuting area, s/he will pay for his/her own relocating expenses unless, PCS expenses are routinely paid when granting voluntary reassignments to other employees, and/or PCS was advertised in the vacancy announcement.
  - a. If a position for which the employee is minimally qualified is identified, Human Capital Policy Division will promptly notify the LRAC, SHRO/SSC.
  - b. The SHRO/SSC HR representative will notify the hiring official of the requirement to consider the RALR candidate at this point. The hiring official should not be aware that the position is being reviewed for an accommodation of last resort prior to this point.
  - c. The SHRO/SSC (in concurrence with the Human Capital Policy Division) will notify the employee in writing on any offer of reassignment of last resort which will serve as the tentative offer.
  - d. The employee will be required to respond to the offer within ten (10) calendar days of the offer. Upon receiving the response from the employee, the SHRO/SSC in consultation with the Human Capital Policy Division will issue an official reassignment letter to the employee.
  - e. The reassignment letter will explain the conditions to which the reassignment was appropriate (i.e., reassignment as a reasonable accommodation), and any viable information the employee should be made aware of (such as meeting attendance, training requirements, performance expectations, and other accommodations such as equipment/furniture, etc.).
  - f. If the employee fails to respond to the offer, the employee will be advised in writing that the timeframe to accept the position has expired and that the Department has fulfilled its obligation under the Rehabilitation Act.
  - g. If the employee accepts the position, the SHRO/SSC must explain to the hiring official that his/her vacancy was identified as a possible placement for an employee who is eligible for reassignment as an accommodation of the last resort. As a result, DOE is obligated (through regulation) to retain the position until otherwise notified. In addition the hiring official must be advised of the following:
    - (a) S/he may meet the employee before the reassignment is effective; however, the meeting must be an introduction meeting only, not an interview.
    - (b) The circumstances of the individuals' disability (eligibility) is private information and may not be shared with anyone not having a bona fide business related need to know.
    - (c) Absent extenuating circumstances, searches should be closed after sixty (60) calendar days and placement of employees for which a position was found and accepted should occur within two (2) pay periods.
- v. The Human Capital Policy Division must be notified of any objections to placing the employee into the identified position immediately. SHROs/SSCs can submit a formal objection

memorandum stating why placement is inappropriate and identify which limitations would adversely affect/impact performance of the essential functions of the position:

- 1) The memorandum must be submitted to the Director, Human Capital Policy and Accountability within five (5) calendar days of being advised of possible placement, otherwise, placement is final
  - 2) Pay will be set in accordance with the Department's pay setting policy and in accordance with 5 CFR 575. SHROs/SSCs must be mindful that each pay setting case may be different contingent upon the employee's circumstances. Careful consideration must be given in each case to ensure proper regulations are followed. The nature of action code will be contingent upon the employee's current position of record (e.g., Reassignment or Change to Lower Grade, etc.).
- w. Upon expiration of the search period, the LRAC should notify the employee in writing that no position was found and that Department has fulfilled its search obligation under the law.

17. **REEMPLOYMENT OF EMPLOYEES INJURED ON THE JOB THROUGH THE REASONABLE ACCOMMODATION PROCESS.**

- a. When an employee has incurred a serious workplace injury or illness, but is ready to return to work, the employee should be made aware of the reasonable accommodation process.
- b. If an accommodation is requested, the LRAC will assist the DMO with the reasonable accommodation process.
- c. It is DOE's goal to identify injured employees, as defined under the Federal Employees' Compensation Act (FECA), who would benefit from accommodation and reassignment to increase return-to-work outcomes.
- d. When feasible, accommodation in the form of an interim workplace adjustment is normally provided to employees with temporary injuries or disabilities regardless of whether an Office of Worker's Compensation Programs claim is approved.
- e. If an on-the-job injury results in a temporary condition or limitation, or light or limited duty, then a detail, or a voluntary leave of absence may be offered.
- f. If the limitation is permanent, the duties may be restructured, non-essential duties may be eliminated, or a reasonable accommodation and/or accommodation of last resort may be provided.

18. **DENIAL OF REASONABLE ACCOMMODATION REQUESTS.**

- a. The LRAC in coordination with the DMO may deny a reasonable accommodation request in writing once it has been determined the request for accommodation is unreasonable.
- b. Accommodation decisions should be based primarily on whether they will help address the barriers created by the functional limitations of the applicant or employee's disability.
- c. Sufficient reasons to deny an accommodation request may be based on:

- 1) Undue hardship to the organization and the Department. In such case, the LRAC must make the initial determination (based on input from the DMO) that the request for accommodation is unreasonable based on undue hardship. Denials based on undue hardship must be reviewed by the Director, Human Capital Policy and Accountability.
  - a) In determining whether an accommodation poses an undue hardship, the financial resources of the organization or the Department as a whole must be considered, not just the resources of the individual facility or staff office. The following criteria are used to determine undue hardship:
    - (a) Nature and cost of the accommodation;
    - (b) Overall size of the organizational unit with respect to the number of employees, facilities and size of the budget;
    - (c) Type of operation, including composition and structure of the workforce; and
    - (d) The impact of the accommodation on the operation of the organization, including the impact on the ability of other employees to perform their duties and the impact on the organization's ability to conduct business.
- 2) If the Department finds that a specific accommodation would be significantly difficult to provide, or would fundamentally alter the nature of the operations of the affected DOE organization, as defined earlier.
- 3) Insufficient medical documentation, when applicable. The employee or applicant, when requested, did not provide sufficient medical documentation to establish a covered disability or a need for reasonable accommodation.
  - a) Medical documentation should not be requested when the disability is obvious or the employee has already submitted documentation to DOE in the past for the same functional limitation and approved accommodation.
- 4) Removes Essential Function(s). The requested accommodation would require the removal of an essential function from the position occupied by the employee or from the position for which the applicant applied.
- 5) Lowers Standards. The requested accommodation would require lowering a performance or production standard that is required of all employees in similar positions (job series/grade level), which existed prior to the time of the request.
- 6) Direct Threat. The individual poses a “direct threat” to the health and safety of self or others:
  - a) To meet this factor, there must be a high probability of substantial harm that cannot be eliminated or reduced by providing an accommodation. In those instances, the DMO must consider the limitations of the individual, specifically, the risk posed by the impairment or functional limitation, the duration of the risk, the nature and severity of the potential harm, the likelihood that the harm will actually occur, and imminence of the potential harm;

- b) Direct threat determinations made on a case-by-case basis and may not be based on generalizations or assumptions. Local legal staff and a health care professional or facility safety officer may be consulted for assistance.
- d. The DMO may not deny the request for accommodation for the following reasons:
- 1) Bias against the employee or the accommodation process;
  - 2) The cost of accommodation to the facility as a whole cannot be justified;
  - 3) The requested accommodation requires a change or exception to an office or facility policy;
    - a) There will be situations when an accommodation will mean a departure from routine practices or procedures. For example, if work duties can be performed off site, but the office has a practice of not allowing telework, an employee who finds the commute to be too challenging but is a disabled employee under the Rehabilitation Act, should be allowed to telework. In the same vein, a parking space near the building should be granted when requested by an employee who has a mobility impairment.
    - b) The Rehabilitation Act of 1973 supersedes a facility's parking, telework and other policies if the policy, in its application, denies an individual with a disability reasonable access to the workplace.
  - 4) Based upon the fact that non-disabled employees are not granted the same privilege; or
  - 5) People who do not have a disability are not a protected class, and cannot be compared to a group that is a protected class.
- e. If the DMO cannot grant a requested accommodation, s/he must in consultation with the LRAC, obtain local legal office concurrence and complete and issue a *Denial of Requested Accommodation letter to the employee* explaining in detail why the request was denied and providing a reconsideration point of contact.

19. **AVENUES FOR REDRESS OF DENIALS.**

- a. If an employee or applicant believes that s/he has been inappropriately denied a reasonable accommodation, s/he has the following options:
  - 1) Reconsideration. Upon receipt of the decision from the DMO, the employee or applicant has seven (7) calendar days to provide a written request for reconsideration to the LRAC. After receiving a request for reconsideration, the LRAC will forward to the Director of the Human Capital Policy and Accountability Division. The Director has fourteen (14) calendar days to render a decision. A final interactive process with the LRAC and the employee is recommended, to ensure that any concerns are heard before a final decision is made.
  - 2) Reconsideration decisions must receive local legal concurrence before issuing to the employee.

- b. EEO Complaint. To file an EEO complaint for disability discrimination, applicants for employment or employees must contact an EEO counselor within forty-five (45) calendar days of receiving the decision, pursuant to 29 C.F.R. Part 1614.
- c. Union Grievance. Bargaining unit employees may file a grievance in accordance with their applicable Collective Bargaining Agreement.
- d. Administrative Grievance. May be filed by non-bargaining unit employees who challenge the accommodation denial decision within fifteen (15) calendar days of receiving the decision in accordance with DOE Order 342.1, Grievance Policy and Procedures.
- e. Alternative Dispute Resolution (ADR). Employees and applicants are encouraged to participate in informal resolution processes available to address the reasonable accommodation outcome. If participation is independent of the above avenues of redress, it does not meet the requirements of filing claims under the above mentioned process.

20. **INFORMAL DISPUTE RESOLUTION.**

- a. An applicant or employee who is denied a reasonable accommodation or is offered an alternative accommodation may seek review of the decision by submitting a request to his or her agency EEO Manager within five (5) business days of receipt of the written decision. The agency EEO Manager will forward the request to the next-level official in the decision-maker's chain of command (who was not involved in the processing of the original request) within three (3) business days of receiving the review request.
- b. When an applicant or employee invokes this dispute resolution process, the reviewing official shall review the available materials and either affirm or reverse the initial decision. Absent extenuating circumstances, the reviewing official should render a decision within five (5) business days of receipt of the request.
- c. If the reviewing official reverses the decision, s/he shall grant the accommodation in accordance with Guidance.
- d. If the reviewing official affirms the decision, s/he shall promptly inform the applicant or employee and the agency EEO Manager. A written response shall be provided in accordance with this Guidance.
- e. This informal process does not affect the time frame for instituting proceedings under the EEO procedures set forth at 29 C.F.R. Part 1614 or any other dispute resolution process. The forty-five (45) day period during which an employee may begin proceedings under the EEO process begins on the date of the last denial letter issued.

21. **TIME FRAMES.**

- a. Absent any extenuating circumstance, all requests for accommodation shall be processed expeditiously. Requests from applicants should be processed within ten (10) calendar days. Requests from employees should be processed within thirty (30) calendar days.
- b. The timeframes for processing a request for reasonable accommodation will be counted from the time the written request for medical documentation is issued to the employee up to the point when the requested medical documentation is received by the LRAC or forty-five (45) calendar days

from the request, whichever occurs first.

- c. The time frame begins as soon as the applicant or employee requests an accommodation.
  - 1) This request may be made to the employee's supervisor, or to a management official in the employee's chain of command, or the LRAC or SHRO/SSC (in the case of applicants). A verbal request serves as notification or the Employee Request for Accommodation, should be provided to the requestor for voluntary completion.
  - 2) Absence of the DMO or other responsible official, or the time taken by the LRAC or medical support staff to review medical documentation, should not delay the finding for accommodation.
  - 3) If the requested medical documentation is not provided within forty-five (45) calendar days for employees, or ten (10) calendar days for an applicant, the employee/applicant should be notified in writing that the request for accommodation is denied based on failure to provide administratively acceptable medical documentation.
  - 4) The employee/applicant may resubmit the request with administratively acceptable medical documentation at any point in the future, however a position will not remain open (e.g., be held) for the sole purpose of allowing an applicant to resubmit medical documentation.
  - 5) The employee should also be advised that in the interim, administrative action might be taken for failure to perform the essential functions of his or her position.
- d. If the accommodation cannot be provided immediately, an interim workplace adjustment may be considered and must be documented.
- e. An interim workplace adjustment is not guaranteed. Interim workplace adjustments are dependent upon job duties, functional limitations, and whether the interim workplace adjustment enables the employee to perform the essential functions of his or her position without posing a direct threat to anyone's health and safety or causing adverse impacts on the operation of the unit.
  - 1) The DMO in conjunction with the LRAC must inform the employee that an interim workplace adjustment is not a reasonable accommodation, but is just an interim courtesy to assist the employee in performing the essential functions of the position, pending the final outcome of the request for reasonable accommodation.
  - 2) Upon receipt of a written denial of the decision from the DMO, the employee or applicant has seven (7) calendar days to request reconsideration.
  - 3) After receiving a request for reconsideration, the Director of the Office of Human Capital Policy and Accountability has fourteen (14) calendar days to render a decision and notify the requestor, in writing.
- f. DOE offices and facilities should provide the accommodation in a shorter time frame, when possible. A few examples of accommodations that normally can be provided quickly are:
  - 1) Providing a small mirror for an employee with post-traumatic stress disorder to mount on the wall so that s/he can see people approaching the work area;

- 2) Providing sign language interpreters or captioning for an employee who is deaf;
- 3) Allowing telework for an office employee who has multiple sclerosis and is fatigued by the commute, and has adequate and appropriate work s/he can do from home;
- 4) Providing a fan or heater for an employee who has a disability that causes him or her temperature sensitivity;
- 5) Allowing an administrative employee with cognitive issues to use his or her own tape recorder as a memory device;
- 6) Changing the time of a mandatory meeting to allow an employee to attend physical therapy sessions; and
- 7) Providing an accessible parking space for an employee with mobility impairment.

22. **DOCUMENTING THE REQUEST FOR REASONABLE ACCOMMODATION.**

- a. The DMO, or HC representative who receives the request for reasonable accommodation should acknowledge receipt in writing and provide a copy to both the LRAC and the employee within five (5) calendar days of receipt of the oral or written request, and solicit the employee to voluntarily complete the Employee Written Request for Accommodation.
- b. All other documentation to include requests for medical documentation, interactive discussions, limitations of search, position offers and declinations should be documented using the appropriate written and/or oral communication outlined in this Desk Reference.
- c. LRACs shall maintain medical and other records pertaining to requests for reasonable accommodations in the Department's secure automated system for LMER cases, in accordance with the Privacy Act of 1974, 29 CFR 1611, EEOC Order 150.003 and DOE information security and privacy policies. Other records such as personnel, timekeeping, etc. shall not be kept in this file.
- d. The LRAC should raise any information security or privacy concerns, including lost, missing or stolen personally identifiable information, with the operating unit's Information Security Officer or Privacy Officer.
- e. Supervisors (or managers) and others without a business need will not have access to medical documentation.

23. **CONFIDENTIALITY REQUIREMENTS.**

- a. Under the Rehabilitation Act, the request, the disability, and any medical information obtained in the accommodation process or via other channels, must be kept confidential. Confidentiality rules regarding disability status applies to all employees and applicants, whether or not they are individuals with disabilities.
- b. Individuals who have access to information necessary to make a decision about whether to grant a requested accommodation may disclose the information in accordance to the below not all-inclusive list:

- 1) Supervisors (or managers) aside from the DMO who need to know may be told the necessary restrictions on the work or duties of the employee and the necessary accommodation(s) but whenever possible should not be told what the disability is;
  - 2) In the event of medical emergency, first aid and safety personnel may be informed if an employee's disability might require emergency treatment;
  - 3) DOE and other government officials may be given information necessary to investigate DOE's compliance with the Rehabilitation Act;
  - 4) If the employee was injured on the job, the medical documentation/information may, in certain circumstances, be disclosed to workers' compensation offices or insurance carriers; and
  - 5) Department Office of Economic Impact and Diversity, Office of the Chief Human Capital Officer or other appropriate officials may be given the information to maintain records, evaluate, and report on DOE's performance in processing reasonable accommodation requests. The medical information or accommodation may not be shared with the employee's co-workers or other employees.
- c. Supervisors (managers) should respond to inquiries from other employee's by explaining that many workplace issues confronted by employees are personal, and that in these circumstances, it is the DOE's legal responsibility to respect employee's privacy.
  - d. The employee will be informed of confidentiality requirements. Employees will be advised of the potential for those with a legitimate need to know in conjunction with the processing and/or evaluation of the requested accommodation, having access to this information.

24. **INFORMATION TRACKING AND REPORTING.**

- a. LRACs shall be responsible for retaining records related to each individual who has requested a reasonable accommodation for the duration of that individual's employment in the Department.
- b. These records include any documentation of the individual's disability or need for reasonable accommodation, as well as information about the disposition of that individual's accommodation request.
- c. Medical documentation and other information regarding the individual accommodation request should be destroyed, upon the employee leaving the Department or as established by the General Records Schedule, or in accordance to legal hold timelines if there is a pending third party case.
- d. LRACs are responsible for tracking all reasonable accommodation requests and utilizing the applicable templates, methods, or systems as provided by the Human Capital Policy Division and Office of Economic Diversity and Inclusion (ODI).

25. **TRAINING.**

- a. The following is not required training but may serve both managers and employee's with a better understanding of Reasonable Accommodation and how to respond appropriately. Both suggested courses are offered through the DOE Online Learning and are subject to change at the discretion of DOE.

- 1) COMPLIANCE IMPACT: Reasonable Accommodation – The Ask.
- 2) Reasonable Accommodation for the Federal Workplace.

26. **INQUIRIES FOR DISTRIBUTION**

- a. Any employee wanting further information concerning this Desk Reference may contact the Director, Human Capital Policy Division, (202) 586-1234.
- b. This Desk Reference shall be distributed to all employees upon issuance, and annually thereafter. It will be posted on DOE's Intranet and Internet sites, and will be available in EEO's library, in the Office of Equal Opportunity, and the Office of Human Capital Policy. New employees will receive a copy as part of their orientation on their first day of work. Alternative formats will be available when requested from the LRAC by, or on behalf of, any employee.

**APPENDIX A - TEMPLATES**

**TEMPLATE A – EMPLOYEE WRITTEN REQUEST FOR ACCOMMODATION**

**TEMPLATE B – DMO ACKNOWLEDGEMENT OF RECEIPT OF REQUEST FOR ACCOMMODATION AND CHECKLIST**

**TEMPLATE C – INITIAL REQUEST FOR MEDICAL DOCUMENTATION**

**TEMPLATE D – REQUEST FOR SUPPLEMENTAL MEDICAL DOCUMENTATION**

**TEMPLATE E – AUTHORIZATION FOR LIMITED RELEASE OF MEDICAL INFORMATION**

**TEMPLATE F – ACCOMMODATION REQUEST DETERMINATION**

**TEMPLATE G – DENIAL OF REQUESTED ACCOMMODATION**

**TEMPLATE H – EMPLOYEE LIMITATIONS ON REASSIGNMENT OF LAST RESORT**

**TEMPLATE I – OFFER OF REASSIGNMENT OF LAST RESORT**

**TEMPLATE J – DISABILITY ANALYSIS**

**TEMPLATE K – DOCUMENTATION OF INFORMAL DISCUSSION**

**TEMPLATE L – REASONABLE ACCOMMODATION INFORMATION REPORTING**

**TEMPLATE M – CASE FILE CHECKLIST**

**APPENDIX B – REASONABLE ACCOMMODATION TIMELINE**

TEMPLATE A – EMPLOYEE WRITTEN REQUEST FOR ACCOMMODATION



Note: An oral request for accommodation from an employee/applicant or person acting on their behalf is sufficient to begin the accommodation process. Recommend the HQ/ Regional Administrative Officer complete this form if a verbal request is made. Completion of this document is voluntary; however, completion of this form assists in ensuring DOE has sufficient information to expedite processing the request.

Date: \_\_\_\_\_

Full Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Job Title:

\_\_\_\_\_

Pay Plan/Series/Grade:

\_\_\_\_\_

Supervisor's Name:

\_\_\_\_\_

Shared Service Center or Human Resources Office (SSC/HRO) location:

\_\_\_\_\_

*Please answer the following completely. Additional pages may be attached.*

Describe the nature of your medical condition and its impact on your ability to perform your job:

\_\_\_\_\_

Describe how your disability affects your major life activity/activities:

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Describe specific accommodation(s) or modification(s) that you are requesting to assist you in performing your duties:

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If request is due to a work related injury, provide Worker's Compensation Claim Number:

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\*NOTE: If your need for an accommodation is not obvious or documented, you must provide documentation from an appropriate medical professional, such as a doctor, rehabilitation counselor, or vocational counselor,

**PRIVACY ACT STATEMENT**

*Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal Law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the GSA in connection with its responsibilities for records management.*

*Privacy Act statements are required on electronic or paper forms that programs uses to collect Personal Identifiable Information (PII) from individuals, when the information will be entered into a Privacy Act System of Record (SOR). Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397, should reflect amendments that were made in 2008. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.*

## TEMPLATE B – DMO ACKNOWLEDGEMENT OF RECEIPT OF REQUEST FOR ACCOMMODATION

Employee:		Date:	
The purpose of this document is to confirm that your request for accommodation was received and to provide you information. If our information regarding your request is incorrect please contact me as soon as possible.			
I will be the Designated Management Official (DMO) for this request.			
DMO Name:	DMO Telephone:	DMO Email:	Date of Employee Request:
Under the Americans with Disabilities Act, an individual with a disability is defined as: (1) a person who has a physical or mental impairment that substantially limits one or more major life activities, (2) a person with a record of a physical or mental impairment that substantially limits one or more major life activities, or (3) a person who is regarded as having a physical or mental impairment that substantially limits one or more major life activities.			
<p><b>You requested the following accommodation(s)</b> (include date(s) information was provided or observed):</p>			
<p>This accommodation will allow you to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access the application/interview process</li> <li><input type="checkbox"/> Perform essential functions or access the work environment</li> <li><input type="checkbox"/> Access a benefit of privilege of employment (e.g. attend a training or work related social event)</li> </ul>			
<p>Next Steps: I will not determine whether you are an individual with a disability as defined by Federal law. The Local Reasonable Accommodation Coordinator (LRAC) will. All supporting medical documentation should be submitted to the LRAC.</p> <p>I will meet with you as part of the interactive process to discuss your request and any options for providing an effective accommodation. I may also seek the assistance of other experts such as the Job Accommodation Network (JAN), Office of Diversity Inclusion and legal counsel, if needed.</p> <p>The LRAC and I, will engage in an interactive process to clarify what you need and identify potential reasonable accommodation(s). It is our goal to keep you informed throughout this process. The LRAC may ask you relevant questions or require that you provide medical documentation that is sufficient to substantiate that you have a disability under Federal law. Please cooperate with these requests.</p> <p>The interactive reasonable accommodation process and your decision to provide information or medical documentation to the LRAC is entirely voluntary, however failure to cooperate may result in denial of your request for accommodation.</p>			
<p><i>By signing this template, I acknowledge that I have received a copy of this referral; that my rights have been explained to me; and that I understand my rights and responsibilities with respect to the accommodation process.</i></p>			
Employee Signature:		Date:	
DMO Signature:		Date:	
Assigned LRAC:	LRAC Telephone:	LRAC Email:	

(Return only this page to requesting employee)



## Accommodation Checklist ADA – Manager

### FORM TO BE COMPLETED BY ER

The Agency is committed to creating a rewarding place for our employees to work. From time to time, an employee may not be able to perform all of the duties of his or her job without a reasonable accommodation. We engage in an interactive process with employees to explore accommodations that allow them to continue to work without creating an undue hardship on Agency. This form is designed to assist you in that process and in documenting your conversations with the employee and your Human Resources representative and the assessment of possible accommodations.

Employee Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Request Date: \_\_\_\_\_

Name of Manager Completing Checklist: \_\_\_\_\_

**STEP 1 – The Interactive Conversation.** The manager should have a meeting or series of meetings with the employee to discuss the request for accommodation, the work restrictions and identify reasonable accommodations, if any, to permit the employee to perform all of the essential job functions. This should be a two-way conversation with the objective of finding an effective take notes on the "Interactive Process Checklist" any time they talk to the employee regarding these issues. The checklist and any notes should be maintained in a separate confidential medical file for that employee. Before meeting with the employee, review the employee's current job description and any available physical job analysis for the position in question. Identify the essential and non-essential functions of the job duties and purpose(s) for which the job exists.

The manager should ask the following questions during the interactive conversation. (NOTE: You may need to ask follow-up questions based on the information provided by the employee)

#### **Check once complete:**

Review the job description with the employee and identify the essential functions of the employee's positions. (NOTE: Essential functions should be determined prior to the meeting).

#### **Summarize your discussion here:**

Please describe your work restrictions or limitations in light of these essential functions. What can you do? What do you find challenging?

How long do you think you will have each of these restrictions?

Do you see any barriers or difficulties in performing the essential functions of your job with these restrictions or limitations? What difficulties do you face?

What type of accommodations are you requesting?

Are there other accommodations, which would effectively enable you to perform the essential functions of your job? (NOTE: Either the employee or the manager may suggest such additional accommodation. The following is a list of possible accommodations (the list is not exhaustive): redesign of essential job function; modified work duties; part-time or modified work schedule; shift change; leave of absence; transfer to vacant position if qualified; create light duty; special equipment or other resource.)

Are any of the above-identified, possible accommodations reasonable? List the accommodation, assess if reasonable, and, if not, explain why not. For example, explain if the accommodation is not reasonable because it would eliminate the reason for the position or essential functions of the job, or because it would impact on operations or the ability of other employees to perform their duties and/or Company's ability to conduct business.

Do you have any documentation from a health care provider identifying your work restrictions? [If YES, please obtain a copy of such documentation and provide to Human Resources (not manager). If NO, consider whether it is appropriate to require employee to obtain such documentation or to send employee to Company-selected doctor to obtain documentation.

YES  NO

**At the end of the interview, advise the employee that you must consider the possibilities and talk with others, including Human Resources. Provide the employee with a reasonable turnaround for the discussion. A good rule of thumb is three (3) business days.**

**STEP 2 - Review of Initial Interview.** Use the questions and your answers to help you create a possible solution or explain why you cannot accommodate a request.

1. Based on what you now know from the employee, what accommodations/changes could you make in work duties?

2. What equipment could we offer to provide?

3. Was the employee open to a job change?

4. Would a change in schedule solve the problem?

5. If an accommodation was a leave of absence, how long could you hold the employee's position open?

6. What is the impact on operations if you approved this accommodation?

7. Have you made or denied similar accommodations with other employees in the past?

8. If other employees with similar needs asked for this accommodation, what impact would that have on your operations?

9. If you feel that you cannot accommodate this request, be prepared to explain your reasoning.

Check the box that best describes your proposed solution:

- |                               |                          |                                     |                          |
|-------------------------------|--------------------------|-------------------------------------|--------------------------|
| Modified Work Duties          | <input type="checkbox"/> | Special Equipment or other Resource | <input type="checkbox"/> |
| Schedule Change               | <input type="checkbox"/> | Job Change                          | <input type="checkbox"/> |
| Leave of Absence              | <input type="checkbox"/> | Cannot Accommodate Request          | <input type="checkbox"/> |
| Need Further Guidance from HR | <input type="checkbox"/> | Other                               | <input type="checkbox"/> |

Describe the proposed accommodation, if applicable, here:

**STEP 3 - Human Resources Review and Approval.** Send this completed form to your Human Resources representative. Your Human Resources representative will contact you to discuss and determine next steps. If Human Resources approves, your representative will contact you to discuss how to discuss with the employee and move forward with the accommodation, or if you determined you cannot accommodate, to help share that information with the employee. Human Resources may contact you for more information. Be prepared to meet with the employee in a second discussion or to provide a second solution. Where we cannot find a reasonable accommodation, your Human Resources representative will help you share this news with the employee.

**PART THREE:**

Monitoring and Follow-Up. The supervisor must monitor any accommodation plan put into place by:

- Meeting with the employee to establish or implement the accommodations;
- Obtain the employee's written approval of any accommodation reached;
- Periodically confirm with the employee Document the plan's progress and retain all-follow-up notes and documents in the employee's separate confidential medical file.
- that the accommodation is effective; and

1. If a life activity is limited by the physical or mental impairment listed in question # I, please identify which life activity is limited. (Please check all that apply)

Caring for Oneself <input type="checkbox"/>	Walking <input type="checkbox"/>	Seeing <input type="checkbox"/>	Hearing <input type="checkbox"/>
Eating <input type="checkbox"/>	Performing Manual Task <input type="checkbox"/>	Speaking <input type="checkbox"/>	Breathing <input type="checkbox"/>
Learning <input type="checkbox"/>	Working <input type="checkbox"/>	Concentrating <input type="checkbox"/>	Standing <input type="checkbox"/>
Sitting <input type="checkbox"/>	Bending <input type="checkbox"/>	Toileting <input type="checkbox"/>	Lifting <input type="checkbox"/>
Interacting with Others <input type="checkbox"/>	Hearing <input type="checkbox"/>	Sleeping <input type="checkbox"/>	Reaching <input type="checkbox"/>
Reading <input type="checkbox"/>	Thinking <input type="checkbox"/>	Other (Please specify below) <input type="checkbox"/>	

Additional Comments:

2. Please specify how and to what degree your patient is limited in each of the life activities identified in question #3. For example: If lifting was identified as a limited life activity, how many pounds can your patient lift frequently/occasionally? If working was identified, please specify the class of jobs or broad range of jobs that your patient is unable/able to perform. If performing manual tasks was identified, please specify the tasks that are important to most people's daily lives that your patient is unable/able to perform. Responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



Given the GINA considerations described above, please provide the below information:

(a) Describe the nature, severity, and likely duration of the impairment:

(b) Describe activities the impairment limits (i.e. walking, reaching, breathing, etc.):

(c) Describe the extent or degree to which the impairment limits the activity(ies):

(d) Describe the functional reason the individual requires accommodation(s) and the accommodation requested:

(e) Describe how the accommodation will assist the individual in applying for a job, performing the essential functions of his or her position, or enjoying the benefits of employment (as appropriate):

Name of Health Care Provider:	Date:
Health Care Provider Signature:	Date:
Health Care Provider Facility Address:	Telephone and/or email address:

**PRIVACY ACT STATEMENT**

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*Privacy Act statements are required on electronic or paper forms that programs uses to collect Personal Identifiable Information (PII) from individuals, when the information will be entered into a Privacy Act System of Record (SOR). Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397, should reflect amendments that were made in 2008. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.*

**TEMPLATE D - REQUEST FOR SUPPLEMENTAL MEDICAL DOCUMENTATION**

DATE:

REPLY TO: Local Reasonable Accommodation Coordinator (LRAC)

SUBJECT: Request for Supplemental Medical Documentation

TO: \_\_\_\_\_ on \_\_\_\_\_, you requested reasonable accommodation due to a medical condition. However, the medical information you provided on \_\_\_\_\_, did not adequately explain the nature, severity, and duration of your medical condition and the need for reasonable accommodation. The purpose of this letter is to notify you that supplemental medical documentation is needed to determine how your impairment affects your ability to perform the essential functions of your current position and/or to determine if you are a "qualified individual" under the Rehabilitation Act.

I have previously requested administratively acceptable medical information. Failure to comply with this second request for required medical documentation may result in denial of your request for accommodation.

In accordance with the Equal Employment Opportunity Commission's (EEOC) Compliance Manual, I have attached a supplemental medical questionnaire that you should submit to your physician or other licensed medical practitioner. Please return the completed questionnaire and supporting medical documentation to me at:

\_\_\_\_\_ via mail, or by other means.  
DOE does not assume liability (i.e., will not pay for) any costs incurred by you in obtaining this information.

I have attached a copy of your position description and/or statement of essential functions and physical requirements associated with each essential function. You are to provide this information along with the supplemental medical questionnaire to your physician or licensed medical practitioner. The responses and supporting medical documentation will allow me to make my determination about your request for reasonable accommodation. All questions and inquiries are job related, consistent with business necessity and directly relate to your request for reasonable accommodation. Please be assured that all medical information provided by you and/or your physician is covered by the Privacy Act. The information provided will only be used in processing your request for accommodation(s). While disclosure is voluntary, failure to provide the necessary medical documentation will not allow me to make an informed assessment of your request for accommodation(s).

I may seek the guidance and assistance of other advisors if necessary, in order to make an informed decision on your request. I may have a competent medical authority review the documentation you provide in order to have an informed medical assessment on your claim. All medical information provided will be handled in accordance with the Rehabilitation Act and Privacy Act.

Upon timely receipt of the above documentation, a determination as to whether you are a "qualified individual" will be made. Upon such a determination, your request for reasonable accommodation will be considered.

If you believe you have a personal situation or issue that you need assistance with, you are encouraged to contact your local EAP provider at \_\_\_\_\_ .

If you or your health care provider have any questions regarding this request, please feel free to contact me at \_\_\_\_\_.

Attachments:

- 1. Supplemental Medical Questionnaire
- 2. Position Description
- 3. Statement of Essential Functions and Physical Requirements

EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT:  
(MAY ALSO BE SENT VIA CERTIFIED MAIL IF EMPLOYEE IS UNAVAILABLE)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**PRIVACY ACT STATEMENT**

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*Privacy Act statements are required on electronic or paper forms that programs uses to collect Personal Identifiable Information (PII) from individuals, when the information will be entered into a Privacy Act System of Record (SOR). Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397, should reflect amendments that were made in 2008. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.*

SUPPLEMENTAL MEDICAL QUESTIONNAIRE

(TO BE COMPLETED BY ATTENDING PHYSICIAN OR LICENSED MEDICAL PRACTITIONER)

\_\_\_\_\_ is currently employed by \_\_\_\_\_ as a \_\_\_\_\_. The above-named employee provided a request for accommodation for his or her current position with this office and provided inadequate medical documentation. The medical information initially provided is not sufficient to make a determination on the request for reasonable accommodation. In order for this office to make that determination, we need current supplemental medical information. Please assist the employee in expeditiously providing the requested information so a determination on his or her accommodation may be made.

The essential duties of the above-named employee's current position including physical requirements and a copy of the employee's position description are attached to this questionnaire.

Please answer the questions outlined in this questionnaire and return the requested information to the LRAC at:

If additional space is needed, please feel free to attach pages.

**Please do NOT provide a copy of the patient's complete medical history.**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

GINA defines genetic information as including "the manifestation of a disease or disorder in family members of such individual," as defined by the Commission, this means manifestations with respect to a disease, disorder, or pathological condition, that an individual has been or could reasonably be diagnosed with the disease, disorder, or pathological condition based principally on genetic information.

**SUPPLEMENTAL MEDICAL DOCUMENTATION:**

1. Is the above-named individual currently medically incapacitated from performing the essential functions of his or her current position, as described in the attached position description and/or statement of duties and physical requirements?

[ ] YES            [ ] NO

2. If the above-named employee is medically incapacitated, what is the medical diagnosis and the basis for the employee's incapacitation?

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3. Is the employee substantially limited in a major life activity?

Yes  No

If "Yes," describe which major life activity (for example: walking, standing, sitting, speaking, seeing, hearing, breathing, cognitive thinking, learning, interacting with others, etc.) is substantially limited.

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4. Is the above-named employee on any medications that will limit the employee's ability to perform the essential functions of his/her position?

Yes  No

If yes, please explain the limitations.

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5. After reviewing the attached documents, please specifically identify those duties the employee is unable to perform due to his/her medical condition. (For each essential function, please address the nature, severity, and duration of the impairment, the activity that the impairment limits, and the extent to which the impairment limits the employee's ability to perform such activities.)

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6. Based on the employee's current prescribed course of treatment and his/her progress to date, what is your prognosis as to when the employee will be able to perform the essential duties of his/her position on a full time basis with or without accommodation?



## TEMPLATE E – AUTHORIZATION FOR LIMITED RELEASE OF MEDICAL INFORMATION

### (USE WHEN EMPLOYEE IS INCAPACITATED OR NOT ABLE TO OBTAIN MEDICAL DOCUMENTATION)

**Privacy Act Statement:** The information provided will be used primarily to facilitate the processing of your request for reasonable accommodation. Only the parties with a need to know will have access to this information in order to make an appropriate determination as to approval or denial of your request for accommodation. The information may be furnished to other authorizing officials who have a need for the information in the performance of their official duties. While disclosure is voluntary, failure to provide the requested information may unfavorably affect the disposition of your request. (42 U.S.C. Section 12101 et. seq.; 29 U.S.C. Section 701 et. seq.)

Because your need for an accommodation is not obvious or documented, I am requesting that you provide administratively acceptable medical documentation. Please allow me to request information from your physician, physical therapist, rehabilitation counselor, vocational counselor, or other appropriate medical professional, concerning your disability and/or functional limitations as they pertain to the requirements of your current position or the one for which you are applying. Completion of this release is voluntary, however without administratively acceptable medical documentation your request for accommodation may be denied. Failure to complete this release will have no effect to any other benefit to which you may be entitled. This information is collected under the Authority of 29 CFR § 1614.203.

**Please check the appropriate block and sign below. Return the original signed copy to the Local Regional Accommodation Coordinator (LRAC) and keep a copy for your records.**

I hereby authorize the assigned DOE Local Reasonable Accommodation Coordinator (**insert name and number of coordinator**) to request and receive materials and discuss any information about me pertinent to my request for accommodation based on an asserted disability and the functional limitations they impose as it relates to my ability to perform the essential functions of my position and/or enjoy the benefits and privileges of employment. I understand that among other things, this may include confirmation that my medical condition is a disability under the Rehabilitation Act, as amended; it may include information or discussions as to the functional limitation(s) or work related restrictions associated with the stated disability(ies); why the request for reasonable accommodation is needed; clarification of medical documentation previously submitted or not administratively acceptable; recommendations regarding accommodations, and so forth.

As such I hereby authorize the DOE LRAC to contact the medical professionals I have listed below and obtain supporting materials to gather further information about my medical condition as it may pertain to my request for reasonable accommodation. I understand that it may be necessary to reveal to others with a need to know, my identity and medical information, however also understand all information collected and discussed will be treated with confidentiality in accordance to applicable laws.

I also understand that any non-genetic information, in compliance with the 2008 Genetic Information Nondiscrimination Act (GINA), gathered to process my request will be considered by DOE when making the decision to grant or deny my request and will become a part of my record of request for an accommodation or, if a job applicant, it will be part of my application package for employment.

Please check one of the following blocks and sign below:

**Consent.** I have read and understand the above notice and authorize the DOE LRAC to request and receive medical material and information about me pertinent to my request for accommodation. This authorization applies to the following health care providers:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

or

**Consent Denied.** I have read and understand the above notice. I do not want the DOE LRAC to request and receive medical material and information about me. I understand that lack of access to this information may result in the denial for my request for accommodation.

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**A photo copy or facsimile of this release will serve as the original.**

**This release should be retained separate from the employee's Official Personnel File.**

## TEMPLATE F - ACCOMMODATION REQUEST DETERMINATION

Employee:	LRAC:
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The purpose of this document is to inform you of the Department's decision regarding your request for reasonable accommodation and to provide information to you. If our information regarding your request is incorrect please contact me as soon as possible.

I was the Designated Management Official (DMO) for this request. I made this decision in consultation with the Local Reasonable Accommodation Coordinator (LRAC) and if needed, other advisors. My contact information is listed below:

DMO Name:	DMO Telephone:	DMO Email:
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This request for accommodation was made to enable you to:

Access the Application/Interview Process

Perform Essential Functions or Access the Work Environment

Access a benefit of privilege of Employment

**You requested the following accommodation(s):**

Your Request is approved, and will begin on the following date: \_\_\_\_\_

or

Although the Department is not approving the requested accommodation, the Department is approving the alternative accommodation, which it believes will be effective (describe below):

The alternative accommodation will become effective on the following date: \_\_\_\_\_

The Department believes this accommodation will be effective because (describe below):

Your originally requested accommodation was replaced with the above alternative because:

The originally requested accommodation would not be effective

The originally requested accommodation would require removal of an essential function(s) of the job

The medical documentation provided was not administratively acceptable

The originally requested accommodation would require lowering of a performance or production standard

The originally requested accommodation would cause undue hardship to the operation of the unit

Other (please describe)

YOU HAVE THE RIGHT TO ACCEPT OR DECLINE THE ALTERNATIVE ACCOMODATION(S) OUTLINED IN THIS LETTER. If you accept the accommodation(s) outlined above, the reasonable accommodation process is complete, and this letter will become the final documentation within the file. If you decline the accommodation(s) outlined above, the declination will be documented. **YOU HAVE THE RIGHT TO REQUEST RECONSIDERATION OF ANY ALTERNATIVE ACCOMODATIONS OFFERED.** The reconsideration request must be submitted to the second line DMO \_\_\_\_\_ who can be contacted at \_\_\_\_\_, within seven (7) calendar days of receiving the offer of alternative accommodation. The request should include the reason(s) for the declination and any additional information or supporting documentation not originally considered. After considering your request for reconsideration and any additional documentation, the second line DMO will notify you of his/her decision in writing.

Other Alternative Avenues of Redress available to you if you did not receive the accommodation offered or do not accept the alternative accommodation offered:

- **Equal Employment Opportunity EEO Complaint.** You have the right to file an EEO complaint of discrimination pursuant to 29 CFR 1614 alleging a violation of Section 601 of the Rehabilitation Act. In order to initiate a complaint, applicants for employment or employees must contact an EEO Counselor within 45 calendar days of the date of this letter.
- **Administrative Grievance.** Non-Bargaining unit employees may file an administrative grievance within 15 calendar days of receiving an alternative accommodation or being denied an accommodation. Contact your local Human Resources Employee Relations Officer for more information.
- **Negotiated Grievances.** Bargaining Unit Employees may file a grievance in accordance with applicable collective bargaining agreements. Contact your local union official.
- **Merit System Protection Board (MSPB).** When jurisdictional requirements are met, you may initiate an appeal to the MSPB within 30 days of the issuance of the adverse actions.
- **Alternative Dispute Resolution (ADR) and Mediation.** Employees and applicants are encouraged to participate in informal resolution processes where available. Timeframes for most avenues of redress are normally frozen while informal resolution sought, however please verify with the appropriate EEO/Bargaining Unit/HR/other appropriate advisor.

DMO Signature:

Date:

Employee Signature Confirming Receipt of This Determination:	Date:
I _____ (employee name) certify that I accept the alternative accommodation as offered.  or I _____ (employee name) certify that I do NOT accept the alternative accommodation as offered.	
Employee Signature:	Date:

**This template serves as record of employee’s accommodation of last resort. This accommodation is to be transferred within the agency should the employee change positions and a new accommodation analysis may be required should the duties of the position change. A copy of this template will be retained by the LRAC, separate from the employee’s OPF.**

**TEMPLATE G – DENIAL OF REQUESTED ACCOMMODATION**

Employee:	LRAC:
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The purpose of this document is to inform you that your request for reasonable accommodation has been denied and to provide information to you. If our information regarding your request is incorrect please contact me as soon as possible.

I was the Designated Management Official (DMO) for this request. I made this decision in consultation with the Local Reasonable Accommodation Coordinator (LRAC) and other advisors such as General Counsel. My contact information is listed below:

DMO Name:	DMO Telephone:	DMO Email:
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This request for accommodation was made to enable you to:

- Access the Application/Interview Process
- Perform Essential Functions or Access the Work Environment
- Access a benefit of privilege of Employment

**You requested the following accommodation(s):**

Your accommodation was denied because:

- You do not have a disability covered under the Rehabilitation Act
- The accommodation requested would not be effective
- The accommodation would require removal of an essential function(s) of the job
- The medical documentation provided was not administratively acceptable
- No response to inquiries was received from you. Inquiries were made on the following dates: \_\_\_\_\_
- The accommodation would require lowering of a performance or production standard
- The accommodation would cause undue hardship to the operation of the unit
- Other (please describe)

The requested accommodation was denied because (provide detailed reasons for the denial of accommodation):

Although the Department did not provide the requested accommodation, the Department provided an alternative accommodation of:

Which you declined. The Department believed the alternative accommodation to be more effective because (describe below):

YOU HAVE THE RIGHT TO RECONSIDERATION OF THIS DECISION. The reconsideration request must be submitted to the second line DMO \_\_\_\_\_ who can be contacted at \_\_\_\_\_, within seven (7) calendar days of receiving the offer of alternative accommodation. The request should include the reason(s) for the declination and any additional information or supporting documentation not originally considered. After considering your request for reconsideration and any additional documentation, the second line DMO will notify you of his/her decision in writing.

Other Alternative Avenues of Redress available to you:

- **Equal Employment Opportunity EEO Complaint.** You have the right to file an EEO complaint of discrimination pursuant to 29 CFR 1614 alleging a violation of Section 601 of the Rehabilitation Act. In order to initiate a complaint, applicants for employment or employees must contact an EEO Counselor within 45 calendar days of the date of this letter.
- **Administrative Grievance.** Non-Bargaining unit employees may file an administrative grievance within 15 calendar days of receiving an alternative accommodation or being denied an accommodation. Contact your local Human Resources Employee Relations Officer for more information.
- **Negotiated Grievances.** Bargaining Unit Employees may file a grievance in accordance with applicable collective bargaining agreements. Contact your local union official.
- **Merit System Protection Board (MSPB).** When jurisdictional requirements are met, you may initiate an appeal to the MSPB within 30 days of the issuance of the adverse actions.
- **Alternative Dispute Resolution (ADR) and Mediation.** Employees and applicants are encouraged to participate in informal resolution processes where available. Timeframes for most avenues of redress are normally frozen while informal resolution sought, however please verify with the appropriate EEO/Bargaining Unit/HR/other appropriate advisor.

DMO Signature:

Date:

Employee Signature Confirming Receipt of This Determination:

Date:

**This template serves as record of the decision of employee's accommodation of last resort. A copy of this template will be retained by the LRAC, separate from the employee's Official Personnel File (OPF).**

**TEMPLATE H – EMPLOYEE LIMITATIONS ON REASSIGNMENT OF LAST RESORT**

Employee:	LRAC:
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It has been determined that you are no longer able to perform the essential functions of your current position due to functional limitations caused by your disability. DOE would like to offer you an accommodation of last resort, therefore, we are offering to conduct a sixty (60) calendar day job search to try to locate a position for which you may be qualified. DOE will not create a position for you but instead is limited to identifying an existing or soon to be vacant position for which you are qualified and for which you can perform the essential function of the position with or without accommodation. Please review the options listed below and check those you are willing to consider. Please consider as many options as possible in order to aid our effort to identify a suitable reassignment of last resort. Failure to locate a position within the sixty (60) calendar day search timeframe, may result in your removal from Federal service for medical inability to perform the functions of your position.

I \_\_\_\_\_ (employee's name) am willing to consider reassignment as follows:

- Only within my current facility or commuting area
- Outside my current facility or commuting area, specifically to the following location(s): \_\_\_\_\_  
\_\_\_\_\_
- I am requesting a Department wide search (I understand failure to check this box will result in a search for only in the facilities or locations I have identified) –OCHCO Policy and Accountability must be contacted for Department wide searches-
- To a lower graded position if no position is available at my current pay level. The lowest pay level I will accept is \_\_\_\_\_
- To a part-time position if no full-time positions for which I am qualified is available.

I understand that this search will be for any position for which I am minimally qualified and not necessarily limited to my current occupational specialty.

I certify that I have selected the option(s) which I am willing to consider, and I understand that if the Department cannot find a suitable position for which I am qualified and can perform the function of the position with or without accommodation within the sixty (60) day search timeframe, the Department has no further obligation to accommodate me and I understand that administrative action may follow.

Employee Name:	Date:
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Employee Signature:
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**A copy of this template will be retained by the LRAC, separate from the employee's Official Personnel File (OPF).**

**TEMPLATE I – OFFER OF REASSIGNMENT OF LAST RESORT**

Employee:	LRAC:
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Based on your request for accommodation of last resort, The Department agreed to conduct a sixty (60) day calendar search for an accommodation of last resort (reassignment) and based on the limitations of reassignment of last resort, provided by you, we have identified the following vacancy(ies) that appear to be suitable.

**Position #1**

Job Series:	Pay Level:
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Location:	Name of Supervisor:
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**Position #2**

Job Series:	Pay Level:
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Location:	Name of Supervisor:
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**Position #3**

Job Series:	Pay Level:
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Location:	Name of Supervisor:
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You have fourteen (14) calendar days from today's date to accept the offered reassignment. Failure to accept the offer of reassignment by cob the fourteenth day may result in administrative action. The Department will not seek another position for you.

Name of SSC/HRO official or equivalent offering position:	Date:
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Signature of SSC/HRO official or equivalent offering position:

I \_\_\_\_\_ (employee name) certify that I accept Position # \_\_\_\_\_, as an accommodation of last resort.

or

I \_\_\_\_\_ (employee name) certify that I do NOT accept any of the identified position(s) as an accommodation of last resort.

Employee Name:	Date:
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Employee Signature:

If certified that you (employee) do NOT accept the position(s) identified, explain why:

**Please return this template to the LRAC. This template will be retained separately from the employee's OPF.**

## TEMPLATE J - DISABILITY ANALYSIS TEMPLATE

**Requester's Name** \_\_\_\_\_

**Date of Oral or Written Request for Accommodation** \_\_\_\_\_

The LRAC is solely responsible for determining whether the employee has a disability under Federal Law. Analysis for Part 1 must be conducted by LRAC. A review of the requester's statement(s), supervisory statement(s), and medical documentation may be required. The LRAC should refrain from sharing the specific disability or medical documentation with the DMO or other supervisory officials whenever possible and instead should facilitate communication with the DMO to determine the essential functions of the position and assist with identifying any effective accommodations to assist employee in fulfilling the essential functions of their position.

- 1. Review all medical documentation submitted and determine the requester's physical or mental impairment.** (Describe in detail, if otherwise not obvious.)

- 2. Based on the medical documentation submitted, does the impairment substantially limit a major life activity of the requester?** (If yes, describe in detail the major life activity and the limitations of the individual.)

- 3. If there is uncertainty as to the stated disability and/or suggested accommodation, contact Federal Occupational Health (FOH) or an equivalent for assistance. In requires, was the medical information provided reviewed by a medical specialist(s) of DOE choosing (i.e. FOH) at no cost to the employee?**

Yes                      No

- 4. Was the medical information provided reviewed by the GC, ODI or others (please identify who reviewed by)?**    Yes                      No

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**NOTE:** If the determination is that the requester has a disability under the Americans for Disabilities, proceed to Part 2 of the analysis. If not, the process stops here and a Denial of Reasonable Request letter is given to the requester. Note: Disability has been loosely interpreted, see 42 USC 12102 and relevant case law.

The analysis for Part 2 must be conducted by the Deciding Official and the LRAC for the current position and each position for which the requester is considered.

- 1. Describe whether the requester’s disability impairs his/her ability to perform the essential function(s) with or without a reasonable accommodation. If the answer is yes, describe how.**

- 2. Identify all accommodation(s) or alternatives for accommodation, if any, which can be provided to enable the requester to perform the essential function(s) of the job.**

- 3. Evaluate the effectiveness, cost(s), and safety of each possible accommodation. (Describe the rationale for not selecting the above accommodation(s)).**

- 4. List all accommodation(s) that were requested by the employee/applicant for reasonable accommodation in their current/prospective position with rationale as to why the accommodation was not granted.**

- 5. Was undue hardship due to costs, raised as a defense to granting the requester’s accommodation request?    Yes        No**

If “yes,” was this approved by Secretary, DOE and which factors below were raised?

**Nature and net costs of requested accommodation(s) in relation to the size, resources, nature, and structure of the employer’s operation.**

**Overall financial resources of the facility, number of employees, effect on expenses and resources.**

6. Was undue hardship to the operation raised as a defense to granting the requester's accommodation request?    Yes    No

If so, how?

Type of operation, including composition, structure, and functions of the workplace.

Impact of the accommodation on the operation of the facility, including impact on other employee's ability to perform duties and facilities ability to conduct business.

Other. Explain:

7. If this analysis is for a reassignment of last resort to another position, the SSC/HRO or equivalent must analyze how the requester meets the requisite skill, experience, education, and other job-related requirements of the position, and conduct a search for all positions for which the employee is minimally qualified.

\_\_\_\_\_  
*LRACs Signature*

\_\_\_\_\_  
*Date*

**TEMPLATE K - DOCUMENTATION OF INFORMAL INTERACTIVE DISCUSSION**

**Requester's Name:** \_\_\_\_\_

**I, the undersigned, acknowledge the following:**

- I submitted a reasonable accommodation request on \_\_\_\_\_.  
*(date)*
  - I met with \_\_\_\_\_ on \_\_\_\_\_ and discussed the following:
- (Check all that apply) I discussed my request for reasonable accommodation with my \_\_\_ immediate supervisor, the \_\_\_ deciding management official (DMO), the \_\_\_ LRAC/ER, the \_\_\_ OCHRO SSC and/or HRAO (for applicants).
- A summary of the request and accommodation(s) discussed is below:  
*(Attach additional pages if needed)*

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\_\_\_\_\_  
*Employee Name*

\_\_\_\_\_  
*DMO Name*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*DMO Signature*

**TEMPLATE M – REASONABLE ACCOMMODATION INFORMATION REPORTING TEMPLATE**

- Name of Individual Requesting Accommodation: \_\_\_\_\_
- Requesting Employee’s Organization: \_\_\_\_\_
- Requesting Employee’s Pay Plan, Series, and Grade Level: \_\_\_\_\_
- Date Accommodation was Requested: \_\_\_\_\_
- Date Accommodation Request was Received \_\_\_\_\_, by whom received: \_\_\_\_\_
- Type of Accommodation Requested: \_\_\_\_\_
- Accommodation(s) Needed for: (check one)

Application process

Performing Job Functions or Accessing Work Environment

Accessing a Benefit or Privilege of Employment (e.g., attending a training program)

- LRAC determined that Individual **does** or **does NOT** have a disability as defined by the Rehabilitation Act.
- Reasonable Accommodation: (check one)     Granted     Denied
  - If Granted, Type of Accommodation Granted: \_\_\_\_\_
  - If Denied, Reason(s) Denied: \_\_\_\_\_
  - Was local GC Consulted     Yes     No

Name/telephone of counsel consulted: \_\_\_\_\_

- Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network, disability organizations, etc.)
- Date Completed/Case File Closed: \_\_\_\_\_

Additional Notes:

## TEMPLATE M - REASONABLE ACCOMMODATION CASE FILE CHECKLIST

- Employee Written Request for Accommodation (Template A), or other information establishing a reasonable accommodation.*
- DMO Acknowledgement of Receipt of Request for Accommodation and Checklist (Template B)*
- Initial Request for Medical Documentation (Template C), if appropriate.*
- Request for Supplemental Medical Documentation, if applicable (Template D)*
- Authorization for Limited Release of Medical Information, (Template E), if needed.*
- Accommodation Request Determination, (Template F)*
- Denial of Requested Accommodation, (Template G), if applicable.*
- Employee Limitations on Reassignment, (Template H).*
- Offer of Reassignment of Last Resort, (Template I).*
- Disability Analysis (Template J)*
- Documentation of Informal Interactive Discussion (Template K)*
- Reasonable Accommodation Information Reporting (Template L)*
- Case File Checklist (Template M)*

Other items to include in the file, if applicable are:

- Results of job search within DOE

- Consultation with Job Accommodation Network (JAN or others)

- Anything potentially of relevance related to this request

- Disposition of final outcome of request for reasonable accommodation, (i.e. documentation of successful job search, unsuccessful job search, separation, etc.)