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AIR STATION ORDER 12713.4A

From: Commanding Officer, Marine Corps Air Station, Cherry Point
To: Distribution List

Subj: REASONABLE ACCOMMODATION (RA) PROCEDURES

Ref: (a) Section 501 of the Rehabilitation Act of 1973
(b) The Americans with Disabilities Act of 1990
(c) Americans with Disabilities Act Amendment Act (ADAAA) of 2008
(d) Executive Order 13164, 26 Jun 2010
(e) 29 CFR Part 1630
(f) 29 CFR § 1614.203
(g) EEOC Management Directive 715 (MD-715)
(h) SECNAVINST 12713.14
(i) The Department of the Navy Program Manual for Reasonable Accommodation
(j) ASO ORDER 12713.4

Encl: (1) Step 1 – The Reasonable Accommodation Request
(2) Step 2 – The Interactive Process
(3) Step 3 – The Qualified Individual with a Disability (QIWD) Analysis
(4) Step 4 – Decision to Accommodate or Not to Accommodate
(5) Step 5 – Reassignment
(6) Step 6 – Post-Accommodation Decision Requirements
(7) Step 7 – Avenue of Redress
(8) Attachments 1 – 25 with Table of Contents

1. Situation. To provide instructions and guidance on Reasonable Accommodation (RA) procedures as they apply to the Department of Navy (DON) civilian employees Appropriated and Non-Appropriated Fund whether permanent, full-time, part-time, or probationary and applicants for employment in accordance with references (a) through (j).

2. Cancellation. ASO 12713.4.

3. Mission

(a) This Order establishes proper RA processing in accordance with aforementioned references.

(b) Summary of Revision. This Order has been completely revised to update policies and procedures and should be reviewed in its entirety.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. All organizations employing civilian employees shall comply with this Order and its references contained herein.

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(2) Concept of Operations. Organizational commanders and department heads will ensure all subordinate managers and supervisors (military and civilian) are thoroughly familiar with the contents of this order.

b. Tasks. Refer to the enclosures.

5. Administration and Logistics. Questions concerning the contents of this Order may be forwarded to the Reasonable Accommodation Coordinator or the Deputy Director Equal Employment Opportunity at (252) 466-2218/3398.

6. Command and Signal

a. Command. This Order is applicable to Marine Corps Air Station, Cherry Point civilian employees and applicants for employment, and military managers and supervisors of civilian employees to the extent permitted by law and regulations.

b. Signal. This Order is effective the date signed.



B. C. BURKS

DISTRIBUTION: A

Procedures for Processing Requests for Reasonable Accommodation

STEP 1 – THE REASONABLE ACCOMMODATION REQUEST

1-1 Definition of a Reasonable Accommodation

A reasonable Accommodation (RA) is any modification or adjustment to a job application process, the work environment, or to the manner or circumstances under which work is customarily performed that enables a qualified individual with a disability to perform the essential functions of a position, or to enjoy equal benefits and privileges of employment as are enjoyed by similarly situated individuals without a disability. This definition of RA, along with other relevant key terms pertaining to the RA process, are listed in *Definitions and Key Terms for the Reasonable Accommodation Program* (Attachment 1).

1-2 Recognizing a Request for Reasonable Accommodation

When an individual or their representative informs the employer that they need an adjustment or change at work for a reason related to a medical condition, then this is considered a request for RA. To request RA, an individual may use “plain English” and need not mention the Americans with Disabilities Act, the Rehabilitation Act, or use the phrase “reasonable accommodation.” A request for RA is the first step in an informal, interactive process between the individual and the Department of the Navy (DON), and is when the RA process begins as show on the *Reasonable Accommodation (RA) Process Map* (Attachment 2).

1-3 Submitting a Request for Reasonable Accommodation

An employee or an applicant for employment may submit a request for RA orally or in writing at any time. In addition, a family member, friend, health professional, or other representative may request an RA on behalf of an individual with a disability when that individual cannot make the request themselves. When an employee is represented by a labor union or an attorney, consult with the servicing labor relations specialists and an attorney in the Office of General Counsel (OGC) to determine the representative’s role in the RA process.

There are distinctions between current employees and applicants as to how RA requests can be submitted:

- Current employees. Current employees, or those making a request on the employee’s behalf, may request an RA through their first-level supervisor. Employees can also place a request with the RA Coordinator, Equal Employment Opportunity (EEO) personnel, Human Resources (HR) personnel, or anyone else in the employee’s chain of command. Anyone who initiates an RA request orally must subsequently document the request in writing. The standardized *SECNAV 12306/1 Form, Confirmation of Reasonable Accommodation Request* (Attachment 3) should be used for this purpose. If the employee requesting RA does not complete the *SECNAV 12306/1 Form, Confirmation of Reasonable Accommodation Request*, the supervisor or RA Coordinator must document the request.

- Applicants. Applicants, or those making a request on the applicant's behalf, may request an RA through servicing HR practitioners or hiring managers. All requests for RA made at the pre-employment phase must be forwarded to the RA Coordinator for processing and tracking purposes. The RA Coordinator will ensure the request is documented through the completion of the *SECNAV 12306/1 Form, Confirmation of Reasonable Accommodation Request* (Attachment 3).

1-4 Processing and Documenting Reasonable Accommodation Requests

It is imperative that all requests for RA are forwarded to the servicing RA Coordinator, located within the servicing EEO office, within two business days of the initial request.

All accommodation requests must be documented in writing, preferably using the *SECNAV 12306/1 Form, Confirmation of Reasonable Accommodation Request* (Attachment 3).

All documents obtained in connection with the processing of the RA request must be retained in the RA file, and must be made available to relevant parties in an accessible format upon request to the extent practicable. The Navy Electronic Accommodations Tracker (NEAT) is the DON's web-based system that enables the agency to track the processing of RA requests and to maintain RA records in accordance with 29 C.F.R. § 1614.203(d)(8). NEAT enables the DON to review these records in order to determine whether it is complying with the nondiscrimination and affirmative action requirements imposed under Section 501 of the Rehabilitation Act of 1973, as amended, and to make such records available to the Equal Employment Opportunity Commission (EEOC) upon request. NEAT users are required to enter and upload various types of information as it relates to the specific RA request, to include, but not limited to, the following:

- Requestor details;
- The specific reasonable accommodation requested;
- The job (occupational series, grade level, and agency component) sought by the requesting applicant or held by the requesting employee;
- Whether the accommodation was needed to apply for a job, perform the essential functions of a job, or enjoy the benefits and privileges of employment;
- Dates corresponding to various events occurring throughout the RA process;
- Whether the request was granted (which may include an accommodation different from the one requested) or denied;
- The identity of the deciding official and the contact information for involved parties;
- The cost for approved requests;
- If denied, the basis for such denial;
- The number of days taken to process the request; and
- All documents generated in connection with the RA request processing.

Access to NEAT is granted only to EEO practitioners who process RA requests and provide program oversight. Applicants and employees may ask the RA Coordinator for updates as a way to track the processing of their request for RA.

1-5 Confidentiality of the Reasonable Accommodation File

Under the Rehabilitation Act of 1973, as amended, medical documentation and information obtained in connection with a request for RA must be kept confidential. An employer may not disclose that an employee is receiving an RA, as it would constitute a disclosure that the individual has a disability. Mishandling of information relating to an individual's disability or medical condition may constitute a violation of the Privacy Act and/or the Rehabilitation Act for which the DON may be liable for damages. If medical information is disclosed to any party with a need-to-know, the RA Coordinator must inform these individuals that this information must be kept confidential, and advise regarding the legal confidentiality requirements.

All information that is obtained in connection with RA requests must be kept in secure files (both physical and electronic, if applicable) within the servicing EEO office and separate from the individual's personnel file, with access granted on a strictly limited basis. There are limited circumstances under which the DON may disclose confidential medical information, which include informing:

- Supervisors and managers of necessary restrictions on the employee's work or necessary accommodations;
- First aid and safety personnel if a disability might require emergency treatment; and
- Government investigators reviewing compliance with the Rehabilitation Act and other applicable civil rights statutes.

1-6 Recurring Reasonable Accommodations

For accommodations that are needed on a repeated basis and it is known by the DON that the accommodation will be required on a repeated basis (e.g. sign language interpreter for a regularly recurring staff meeting), the employee requesting RA does not need to submit a request and the RA Coordinator does not have to process a new request for each instance the accommodation is needed. The employee must inform the DON of the repeated nature of the request and provide the DON with sufficient information to ensure the accommodation can be provided for each instance the accommodation is required.

1-7 Withdrawal of Reasonable Accommodation Requests

At any point in the RA process, an employee or applicant may voluntarily withdraw their accommodation request, resulting in the closure of their request. The *Confirmation of Withdrawal of Reasonable Accommodation Request Letter* (Attachment 4) can be used to document the withdrawal.

STEP 2 – THE INTERACTIVE PROCESS

2-1 Definition of the Interactive Process

The interactive process is a dialogue between the individual requesting RA, the supervisor (or the hiring manager in the case of applicants), and the RA Coordinator, that determines the individual's eligibility for an RA identifies an effective accommodation, and informs the individual of the status of their request for RA.

2-2 Initiating the Interactive Process

The interactive process begins upon receipt of the initial RA request. The individual requesting RA does not need to fill out the *SECNAV 12306/1 Form, Confirmation of Reasonable Accommodation Request*, or have a particular accommodation in mind, in order to trigger the DON's obligation to engage in the interactive process.

2-3 Interactive Process Topics

The following is a non-exhaustive list of topics that may be discussed, as needed, to effectively process the RA request:

- An overview of the RA process;
- Whether the individual meets the definition of a qualified individual with a disability (QIWD);
- The medical condition, nature of the disability, and work-related functional limitations;
- The essential functions of the position held or desired;
- The need for medical documentation;
- Potential accommodations that may be provided, to include any interim accommodations available;
- Clarify the need for RA;
- Alternative suggestions for RA;
- The effectiveness in removing workplace barriers;
- The employee's qualifications and interest in the job search context; and
- Periodic updates by both the employer and employee.

2-4 Additional Participants in the Interactive Process

Depending on the specific circumstances and/or the complexity of the RA request, other parties may be consulted at the discretion of the RA Coordinator, to include representatives from the HR Office (HRO), Command Information Office (CIO), Facilities, Safety Office, OGC, etc.

2-5 Using the Interactive Process to Determine Essential Functions

In instances where the RA request is to enable the individual to perform the essential functions of the position held or desired, the interactive process can also assist in determining those functions. The *Documentation of Essential Functions* (Attachment 5) is a sample template that can be utilized to document this step of the assessment process.

2-6 Using the Interactive Process to Identify Interim Accommodations

The supervisor must consider any possible means of accommodation the individual on an interim basis while the request is being processed. The interim accommodation would allow the individual to perform some or all of the essential functions of their job, if it is possible to do so

without imposing an undue hardship. If an interim accommodation is possible, this decision must be documented through the *Notification of Interim Accommodation Letter* (Attachment 6), and communicated to the individual requesting the RA.

2-7 Using the Interactive Process to Request Medical Documentation

The DON is entitled to reasonable medical documentation when (1) the disability and/or the need for accommodation is not obvious, or (2) the employee has not previously provided sufficient medical documentation to substantiate that they have a disability and/or the need for the RA. With the assistance of the RA Coordinator, the supervisor may request medical documentation about the individual's disability, functional limitations, the need for RA, and how any potential accommodation(s) might assist the individual to apply for a job, perform the essential functions of a job, or enjoy the benefits and privileges of the workplace. The *Request for Medical Documentation Letter* (Attachment 7) is a sample letter that may be used, along with the sample *Authorization for Release of Medical Information* (Attachment 8), and sample *Questions for Healthcare Professional* (Attachment 9). If necessary, the DON has the right to have medical information reviewed by a medical expert of the DON's choosing and at the expense of the DON.

In the event that the individual has not responded to the Request for Medical Documentation within the 15 calendar days prescribed in the letter, the RA Coordinator or supervisor should follow up, in writing, on the original request for documentation to provide the individual with the opportunity to obtain and submit the necessary information. In the event that the individual indicates that they require additional time to obtain and submit the requested documentation due to extenuating circumstances, the supervisor, in consultation with the RA Coordinator, may approve the request barring undue hardship. If the individual requesting RA does not provide the requested documentation within a reasonable timeframe, the DON may deny the RA request.

2-8 Using the Interactive Process to Request Supplemental Medical Information

The DON has a right to request relevant supplemental medical information if the medical information submitted by the individual requesting RA is insufficient (i.e. does not substantiate that they have a disability, does not identify how the disability limits the individual's ability to perform the essential functions of the position, and/or does not establish that the individual's disability necessitates the RA requested). The request for supplemental medical information must be done in writing, where the *Request for Medical Documentation Letter* (Attachment 7) and the sample *Questions for Healthcare Professional* (Attachment 9) can be modified for this purpose.

2-9 Interactive Process Requirements

A continuing dialogue through the RA process is required. These discussions will provide critical information necessary for making the decision to accommodate or not to accommodate the individual, and should also be used as an opportunity to keep the individual advised of the status of their request for RA.

As an extension of the interactive process, the individual requesting RA may ask the RA Coordinator for updates as a way to track the processing of their RA request.

It is best practice to document the content of these discussions for the RA file.

STEP 3 – THE QUALIFIED INDIVIDUAL WITH A DISABILITY (QIWD) ANALYSIS

3-1 Definition of a Qualified Individual with a Disability

A QIWD is an individual with a disability who can perform the essential functions of the position with or without a reasonable accommodation, and who meets the requisite skill, experience, education, and other job-related requirements of the position the individual holds or could hold as a result of job restructuring or reassignment. An employee or an applicant for employment must demonstrate that they are a QIWD to trigger the DON's obligation to provide a reasonable accommodation. The key terms found in the QIWD determination are outlined in *Definitions and Key Terms for the Reasonable Accommodation Program* (Attachment 1).

3-2 Conducting the Qualified Individual with a Disability Analysis

After all the relevant information has been obtained, the RA Coordinator and the supervisor must conduct an analysis to determine whether the employee meets the definition of a QIWD. The individual is a QIWD if the answer to all of the following questions is "Yes":

- Does the individual have a physical or mental impairment, or have a record of a disability?
- Does the impairment substantially limit a major life activity?
- Does the individual meet the requisite skills, experience, education, and other job-related requirements of their current position or of the position desired?
- Can the individual perform the essential functions of the position with or without RA?

3-3 Conducting the Qualified Individual with a Disability Analysis for Reassignment

In instances where an individual is unable to perform the essential functions of their position due to their medical limitations, the QIWD analysis may extend to determining whether the individual is a QIWD for another position. The employee must be able to satisfy the requisite skills, experience, education, and other job-related requirements of the vacant funded position, and can perform the essential functions of the new position, with or without RA.

3-4 Qualified Individual with a Disability Analysis Requirements

Every effort should be taken to complete the QIWD analysis as soon as possible to avoid unnecessary delays. The disability analysis must be documented and retained in the RA case file.

STEP 4 – DECISION TO ACCOMMODATE OR NOT ACCOMMODATE

4-1 Decision to Grant an Accommodation

If the supervisor and the RA Coordinator determine that the individual is a QIWD and that providing an accommodation is the appropriate course of action, the supervisor will issue a letter approving the accommodation request. The supervisor must ensure that the approved accommodation is implemented within 45 calendar days of the date of the initial request. If medical documentation was requested, the timeframes from processing the RA request will be held in abeyance from the time the written request for medical documentation is issued to the individual, until the RA Coordinator receives the requested medical documentation. The *Approval of Reasonable Accommodation Request Letter* (Attachment 10) can be used to document the approval.

4-2 Prompt Reasonable Accommodation Request Processing

All requests should be processed as quickly as possible especially where a particular RA can be granted in less than 45 calendar days. When an RA can be provided in less than the 45 calendar day timeframe, failure to provide an accommodation in a prompt manner may result in a violation of the Rehabilitation Act of 1973, as amended.

In addition, expedited processing may be necessary due to a time-based need for RA. If this occurs, the RA Coordinator must work to process the request within the timeframe necessary to provide the accommodation, which may be less than 45 calendar days.

4-3 Delays in Reasonable Accommodation Request Processing or Implementation

Where there is a delay in either processing a request for or providing an RA, the supervisor, in partnership with the RA Coordinator, must notify the individual of the reason for the delay in writing, including any extenuating circumstances that justify the delay.

4-4 Effective Alternative Reasonable Accommodation

If the accommodation granted is different from the accommodation originally requested by the employee, but is an effective accommodation, the *Approval of Reasonable Accommodation Request Letter* (Attachment 10) also serves to document that the request for an accommodation has been approved and that an alternative effective accommodation will be provided.

4-5 Cost of Accommodations

All resources available to the DON as a whole must be considered when evaluating whether to provide a cost-based accommodation. Generally speaking, RA requests should not be denied for reasons of cost or anticipated cost of an RA, as the resources available to the DON would enable effective accommodations to be provided absent undue hardship.

If there is a cost associated with the approved RA, each command or organization will determine how funding will be provided.

4-6 Individual is Not an Individual with a Disability

There is no requirement to provide RA if the employee or applicant for employment did not establish that they are an individual with a disability under the Rehabilitation Act of 1973, as amended. The individual must be notified of this decision in writing at the time of the request

for accommodation is denied, which must be within 45 calendar days of the date of the initial request. If the supervisor requested medical documentation, the timeframes for processing a request for RA will be held in abeyance from the time the written request for medical documentation is issued to the individual, until the RA Coordinator receives the requested medical documentation. The organization's OGC must review the RA denials for legal sufficiency prior to issuance of the notification to the applicant or employee. The *Denial of Reasonable Accommodation Request Letter* (Attachment 11) can be used to document the RA denial, and must be provided to the individual in an accessible format, upon request.

4-7 Decision that Employee Cannot be Accommodated in Position of Record

In some instances, a final determination regarding accommodation at this stage may not be possible because (1) the ability to perform the essential functions of only the employee's position of record has been examined in the disability analysis, or (2) all other RA would pose an undue hardship or pose a direct threat to the employee's or others' safety. The undue hardship analysis or the direct threat analysis must be documented and reviewed by the organization's OGC for legal sufficiency. The *Undue Hardship Analysis Worksheet* (Attachment 12) and the *Direct Threat Analysis Worksheet* (Attachment 13) can be used for this purpose. In these cases, the DON must consider providing reassignment to a vacant funded position as a form of RA.

If it is determined that the employee cannot be accommodated in their position of record, the Director, EEO (DEEO) or designee, will review the sufficiency of this determination. The review will critically assess the determination (e.g. inability to perform the essential functions, poses an undue hardship or direct threat, etc.) and the documentation produced during the processing of the request. This review must also include a legal sufficiency review by a member of OGC. The RA file must contain the *Documentation of Accommodation Options Considered* (Attachment 14), which documents all alternative accommodations considered in the employee's position of record. If the RA request was not sufficiently processed, the DEEO will send the request back to the servicing RA Coordinator for further processing. The *Sufficiency Review of Reasonable Accommodation Case File* (Attachment 15) provides a sample memorandum for this purpose. The DEEO must complete and document the sufficiency review prior to the initiation of the reassignment process.

Once the sufficiency review is documented, the supervisor will issue the *Offer to be Considered for Reassignment Due to Inability to Accommodate in Position of Record Letter* (Attachment 16) and the *Reassignment Elections* document (Attachment 17). These letters, which must be issued within 45 calendar days of the date of the initial request, advise the employee of the following: the decision that the employee cannot be presently accommodated in their position of record; an overview of the provisions of reassignment as an RA; the option of applying for disability retirement or traditional retirement; and provides an opportunity to identify the parameters of the search for vacant positions if reassignment is elected (e.g. internal search only, DON-wide search within certain locations, occupational preferences, etc.). The employee has seven calendar days from receipt of the letter to provide their reassignment elections and an updated résumé. If the employee declines to be considered for reassignment, the RA request will be denied, and the RA process ends as a result of the employee declination. See *Denial of Reasonable Accommodation Request Letter* (Attachment 10) for a sample denial letter.

STEP 5 – REASSIGNMENT

5-1 Reassignment Requirements

This step of the process is only applicable for current DON employees. Reassignment is the RA of last resort. Before considering reassignment as an RA, the organization must first consider whether or not there are other accommodations that would enable an employee to remain in their position of record, which would be documented through the *Documentation of Accommodation Options Considered* (Attachment 14). Reassignment should only be considered when the RA file contains documentation that all other accommodation options have been considered and are not effective, or result in undue hardship.

5-2 Reassignment Process

Additional guidance on the reassignment process is provided in Attachments 18-23 of the DON Program Manual for RA.

STEP 6 – POST-ACCOMMODATION DECISION REQUIREMENTS

6-1 Continuation of the Interactive Process

The DON's obligation to provide effective RA is an ongoing process, which may require the continuation of the interactive dialogue after the RA request is approved. This includes the supervisor notifying the employee or applicant of any delays in implementing the approved accommodation, or engaging with the employee no later than 90 calendar days after the accommodation was implemented to ensure that it is effective.

6-2 Reevaluating Approved Accommodations

In instances when an RA that was granted is not effective, or where the employee's limitations or the position's essential functions have changed, the employee and their supervisor should reevaluate the accommodation to determine whether other accommodations would be effective. This may constitute either a revision of the previous RA request, or an entirely new RA request, respectively. See *Reassessment of Approved Reasonable Accommodation Request Letter* (Attachment 24) for a sample letter that documents the outcome of the reevaluation.

The *Resources and Technical Guidance on Reasonable Accommodation and Related Topics* (Attachment 25) lists beneficial resources and EEOC guidance that provide additional information for addressing these situations, as well as the entirety of the processing for reasonable accommodation requests.

STEP 7 – AVENUES OF REDRESS

The following avenues of redress are provided to individuals when their RA request is denied:

7-1 Alternative Dispute Resolution (ADR)

Employees and supervisors are encouraged to consider the use of ADR at any stage of the RA process to resolve conflicts and issues in controversy at the lowest possible level. An employee, whose request for RA has been denied, may request ADR as an avenue of redress at any time, or in accordance with their collective bargaining agreement.

7-2 Relation to Statutory and Collective Bargaining Claims

These procedures do not limit or supplant statutory and collective bargaining protections for individuals with disabilities and the remedies they provide for the denial of requests for RA. Requirements governing the initiation of statutory and collective bargaining claims remain unchanged, including the timeframes for filing such claims. A bargaining unit employee, whose request for RA has been denied, will be advised of their right to file a grievance if this matter is not excluded under the collective bargaining agreement.

7-3 Equal Employment Opportunity (EEO) Complaints

An individual, whose request for RA has been denied, will be advised of their right to pursue the EEO complaint process in accordance with the provisions of 29 Code of Federal Regulations (CFR) Part 1614. The letter will advise the individual of the requirement to initiate contact with an EEO Counselor within 45 calendar days of the date the request was denied, and that utilization of other agency procedures (such as the negotiated grievance procedure or administrative grievance procedure) does not toll the time limit for contacting an EEO Counselor.

7-4 Administrative Grievance Procedures

Employees who are covered under the SECNAVINST 12771.2, Department of the Navy Administrative Grievance System, may file an administrative grievance.

Table of Contents

Title Page	1
Table of Contents	2
Attachment 1: Definitions and Key Terms for the Reasonable Accommodation Program	4
Direct Threat	4
Disability	4
Disability Analysis	4
Effective Accommodation	4
Essential Functions of a Position	4
Equivalent Position	5
Interactive Process	5
Major Life Activities	5
Mental Impairment	5
Physical Impairment	5
Qualification Standards	6
Qualified	6
Qualified Individual with a Disability (QIWD)	6
Reasonable Accommodation	6
Reassignment	7
Request for Reasonable Accommodation	7
Substantially Limits	7
Undue Hardship	8
Unit	9
Vacant Position	9
Attachment 2: Reasonable Accommodation (RA) Process Map	10
Attachment 3: SECNAV 12306/1 Form, Confirmation of Reasonable Accommodation Request	12
Attachment 4: Confirmation of Withdrawal of Reasonable Accommodation Request Letter .	15
Attachment 5: Documentation of Essential Functions	16
Attachment 6: Notification of Interim Accommodation Letter	18
Attachment 7: Request for Medical Documentation Letter	19

Attachment 8: Authorization for Release of Medical Information	21
Attachment 9: Questions for Healthcare Professional	22
Attachment 10: Approval of Reasonable Accommodation Request Letter	24
Attachment 11: Denial of Reasonable Accommodation Request Letter.....	25
Attachment 12: Undue Hardship Analysis Worksheet	27
Attachment 13: Direct Threat Analysis Worksheet	28
Attachment 14: Documentation of Accommodation Options Considered.....	30
Attachment 15: Sufficiency Review of Reasonable Accommodation Case File	31
Attachment 16: Offer to be Considered for Reassignment Due to Inability to Accommodate in Position of Record Letter	32
Attachment 17: Reassignment Elections.....	34
Attachment 18: Reassignment as a Reasonable Accommodation Process	38
Part 1: Preliminary Qualifications and Reassignment Counseling.....	38
Part 2: Job Search Process	40
Avenue 1: Internal Job Search	40
Avenue 2a: DON-Wide Job Search Process (Appropriated Fund).....	41
Avenue 2a: DON-Wide Job Search Process (Appropriated Fund).....	43
Avenue 3: Coordination of Employee-Identified DON Vacancies	44
Part 3: Considering Vacancies.....	45
Attachment 19: Preliminary Qualifications Worksheet	48
Attachment 20: Documentation of Reassignment Counseling	50
Attachment 21: Non-Placement Determination Letter (Hiring Manager)	52
Attachment 22: Job Search Efforts Conducted by Human Resources Office (HRO) Specialist	53
Attachment 23: Human Resources Director (HRD) Certification of Job Search Efforts	54
Attachment 24: Reassessment of Approved Reasonable Accommodation Request Letter	55
Attachment 25: Resources and Technical Guidance on Reasonable Accommodation and Related Topics.....	56

Attachment 1: Definitions and Key Terms for the Reasonable Accommodation Program

Direct Threat

A significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation. It requires showing of a high probability of substantial harm.

Disability

In general, disability means, with respect to an individual –

- (1) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (2) A record of such impairment; or
- (3) Being regarded as having such an impairment because of an actual or perceived impairment that is not both transitory (lasting or expected to last six months or less) and minor. This means that the individual has been subjected to a prohibited action because of an actual or perceived physical or mental impairment, whether or not that impairment substantially limits, or is perceived to substantially limit, a major life activity.

For the provision of reasonable accommodation, an individual must either have an actual disability (first prong) or a record of such an impairment (second prong), and is not entitled to an accommodation because of a perceived impairment (third prong).

Mitigating measures other than “ordinary eyeglasses or contact lenses” shall not be considered in assessing whether an individual has a disability.

Disability Analysis

An individualized assessment to determine whether an individual has a disability; and therefore, eligible for the provision of reasonable accommodation.

Effective Accommodation

An effective accommodation is one that meets the needs of the individual. In the context of job performance, this means that a reasonable accommodation enables the individual to perform the essential functions of their current position. The Department of the Navy (DON) may choose among reasonable accommodations as long as the chosen accommodation is effective and does not pose an undue hardship. Thus, as part of the interactive process, the DON may offer alternative suggestions for reasonable accommodations and discuss their effectiveness in removing the workplace barrier that is impeding the individual with a disability.

Essential Functions of a Position

Essential functions are the fundamental job duties of the employment position the individual with a disability holds or desires. Job duties may be fundamental or essential if the position exists to perform the function, there are a limited number of employees available who could perform the function, and/or the function is highly specialized. The essential functions of a position are not the marginal or infrequently-performed tasks that could be eliminated without

altering the fundamental nature of the job; however, these infrequently-performed tasks may be essential if the consequences of non-performance could be severe.

Equivalent Position

A position that resembles the individual's position of record in regards to pay, status, geographic location, benefits, and other relevant factors. A position that is more equivalent is one that more closely resembles the individual's position of record in regards to the aforementioned relevant factors.

Interactive Process

A dialogue between the individual requesting a reasonable accommodation, the supervisor (or the hiring manager in the case of applicants), and the servicing RA Coordinator, that determines the individual's eligibility for a reasonable accommodation, identifies an effective accommodation, and informs the individual of the status of their request for accommodation. The interactive process begins upon receipt of an individual's request for reasonable accommodation, occurs throughout the processing of the request, and continues after the reasonable accommodation has been provided to ensure that the individual's need for accommodation has been met. Depending on the specific circumstances and/or complexity of the RA request, other parties may be consulted at the discretion of the RA Coordinator, to include representatives from the Human Resources Office (HRO), Command Information Office (CIO), Facilities, Safety Office, Office of General Counsel (OGC), etc.

Major Life Activities

Once an individual establishes that they have a physical or mental impairment, they must be able to establish that the disability substantially limits one or more of their major life activities. Examples of major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. Major life activities also include the operation of major bodily functions, including functions of the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions, as well as the operation of an individual organ within a body system.

Mental Impairment

Any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and learning disabilities.

Physical Impairment

Any physiological disorder or condition, disfigurement, or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin and endocrine.

Qualification Standards

The Equal Employment Opportunity Commission (EEOC) defines “qualification standards” as the personal and professional attributes including the skill, experience, education, physical, medical, safety and other requirements established by a covered entity as requirements which an individual must meet in order to be eligible for the position held or desired. Also known as job-related requirements, the EEOC states that qualification standards may include possessing specific training, possessing specific licenses or certificates, possessing certain physical or mental abilities (e.g. meeting vision, hearing, or lifting requirements, showing an ability to run or climb, exercising good judgment), meeting health or safety requirements, and/or demonstrating certain attributes such as the ability to work with other people or to work under pressure.

If an applicant or employee cannot meet a specific qualification standard because of a disability, the Americans with Disabilities Act (ADA) requires that the DON demonstrate the importance of the standard by showing that it is “job-related and consistent with business necessity.” This requirement ensures that the qualification standard is a legitimate measure of an individual’s ability to perform an essential function of the specific position the individual holds or desires. If the DON cannot show that a particular standard is “job-related and consistent with business necessity,” the employer cannot use the standard to take an adverse action against an individual with a disability. The DON may have to provide a reasonable accommodation to enable an individual with a disability to meet a qualification standard that is job-related and consistent with business necessity.

Qualified

According to the EEOC, with respect to an individual with a disability, an individual is “qualified” if they: (1) satisfy the requisite skill, experience, education, and other job-related requirements of the employment position they hold or desire, and (2) can perform the essential functions of the position with or without reasonable accommodation.

With respect to the reassignment as a reasonable accommodation process, the Human Resources (HR) practitioner reviewing qualifications would only use the first part of this definition to determine whether the employee is minimally qualified for a potential vacancy. An individual would not need to be “best qualified” in order to be considered for placement in a vacant position.

Qualified Individual with a Disability (QIWD)

An individual with a disability who can perform the essential functions of the position with or without a reasonable accommodation, and who meets the requisite skill, experience, education, and other job-related requirements of the position the individual holds or could hold as a result of job restructuring or reassignment. An employee or an applicant for employment must demonstrate that they are a qualified individual with a disability to trigger the DON’s obligation to provide a reasonable accommodation.

Reasonable Accommodation

Generally, any modification or adjustment to a job application process, the work environment, or to the manner or circumstances under which work is customarily performed that enables a qualified individual with a disability to participate in the application process, perform the

essential functions of a position, or enjoy equal benefits and privileges of employment as are enjoyed by similarly situated individuals without a disability.

Reassignment

For the purposes of reasonable accommodation, a non-competitive offer of placement in a funded, vacant position at the same grade level or a position at a lower grade level (known as a Change to Lower Grade personnel action) for which the employee is minimally qualified and can perform the essential functions of the new position with or without a reasonable accommodation. "Reassignment" does not include a position that would be a promotion or has greater promotion potential than the individual's position of record.

Request for Reasonable Accommodation

When an individual (either an applicant or an employee) or their representative informs the employer that they need an adjustment or change at work for a reason related to a medical condition. To request an accommodation, an individual may use "plain English" and need not mention the Americans with Disabilities Act, the Rehabilitation Act, or use the phrase "reasonable accommodation." A request for reasonable accommodation is the first step in an informal, interactive process between the individual and the DON.

Substantially Limits

To have an actual disability or a record of a disability, an individual must be or have been substantially limited in performing one or more major life activities as compared to most people in the general population. In accordance with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), the rules of construction for determining if an individual is substantially limited in performing a major life activity are as follows:

- The term "substantially limits" shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA. "Substantially limits" is not meant to be a demanding standard.
- An impairment is a disability within the meaning of this section if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, the individual from performing a major life activity in order to be considered substantially limiting. Nonetheless, not every impairment will constitute a disability.
- The primary object of attention in cases brought under the ADA should be whether covered entities have complied with their obligations and whether discrimination has occurred, not whether an individual's impairment substantially limits a major life activity. Accordingly, the threshold issue of whether an impairment "substantially limits" a major life activity should not demand extensive analysis.
- The determination of whether an impairment substantially limits a major life activity requires an individualized assessment. However, in making this assessment, the term "substantially limits" shall be interpreted and applied to require a degree of functional limitation that is lower than the standard for "substantially limits" applied prior to the ADAAA.
- The comparison of an individual's performance of a major life activity to the performance of the same major life activity by most people in the general population usually will not require scientific, medical, or statistical analysis. Nothing in this paragraph is intended,

however, to prohibit the presentation of scientific, medical, or statistical evidence to make such a comparison where appropriate.

- The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures. However, the ameliorative effects of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity.
- An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.
- An impairment that substantially limits one major life activity need not substantially limit other major life activities in order to be considered a substantially limiting impairment.
- The six-month “transitory” part of the “transitory and minor” exception to “regarded as” coverage in 29 CFR §1630.15(f) does not apply to the definition of “disability” under paragraphs (g)(1)(i) (the “actual disability” prong) or (g)(1)(ii) (the “record of” prong). The effects of an impairment lasting or expected to last fewer than six months can be substantially limiting.

An impairment does not have to be long-term or permanent to be substantially limiting. The duration of an impairment is one factor that is relevant in determining whether the impairment substantially limits a major life activity. Impairments that last only for a short period of time are typically not covered, although they may be covered if sufficiently severe. If an individual claims that they are limited in the major life activity of working, they must show that they are significantly restricted in their ability to perform either a class of jobs, or a broad range of jobs in various classes, as compared to the average person of comparable training, skills, and abilities. Generally, this requirement could not be met simply by asserting inability to work in any particular job for a particular employer.

Undue Hardship

Significant difficulty or expense incurred by the DON when considered in light of the following factors:

- The nature and net cost of the accommodation needed, taking into consideration the availability of funding from an outside source;
- The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons employed at such facility, and the effect on expenses and resources;
- The overall financial resources of the DON, the overall size of the business of the DON with respect to the number of its employees, and the number, type and location of its facilities;
- The type of operation or operations of the DON, including the composition, structure and functions of the workforce, and the geographic separateness and administrative or fiscal relationship of the facility or facilities in question to the DON; and
- The impact of the accommodation upon the operation of the facility, including the impact on the ability of other employees to perform their duties and the impact on the facility's ability to conduct business.

The DON is obligated to provide a reasonable accommodation if it would pose an undue hardship on the agency. The determination of undue hardship is made on a case-by-case basis.

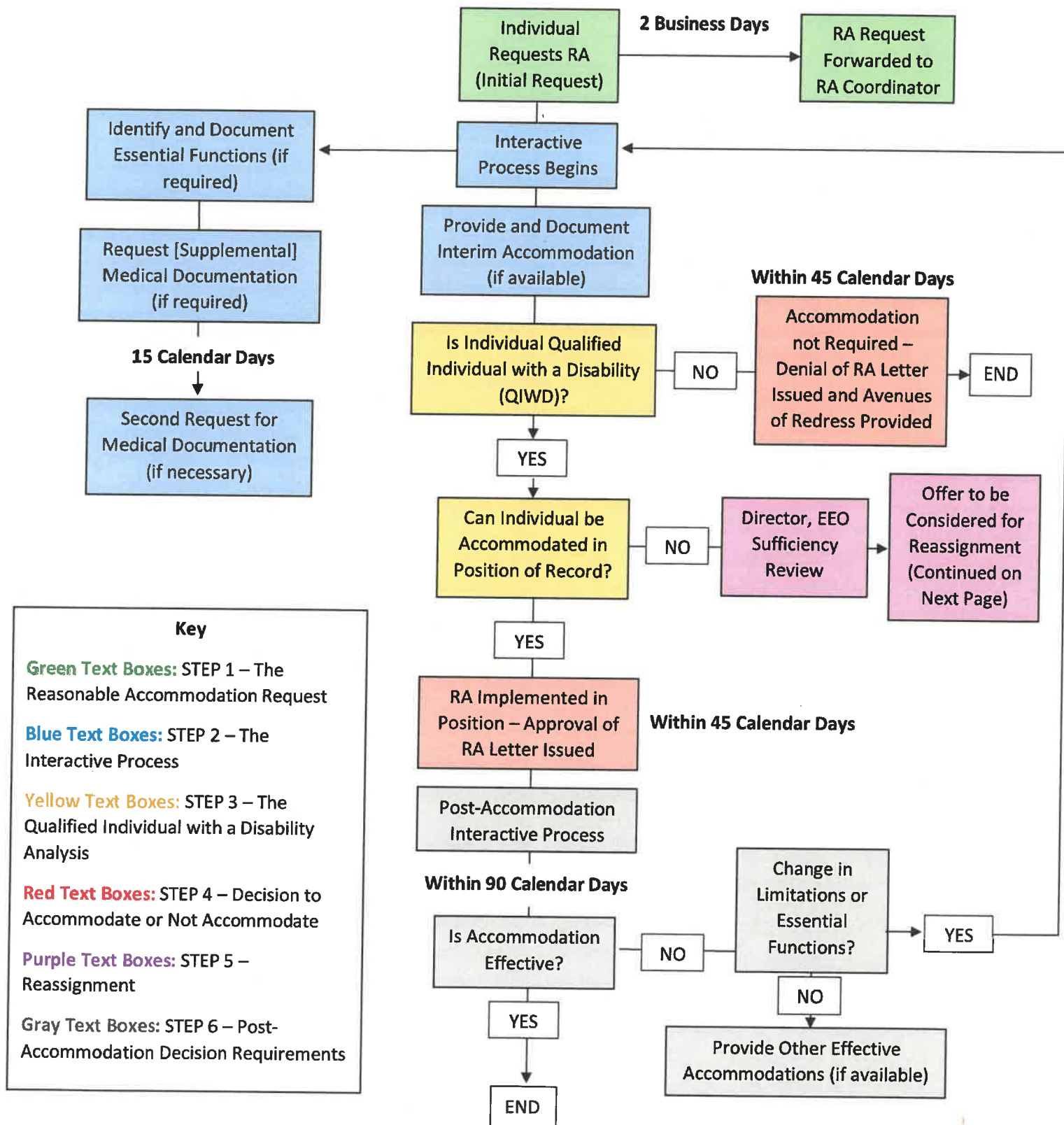
Unit

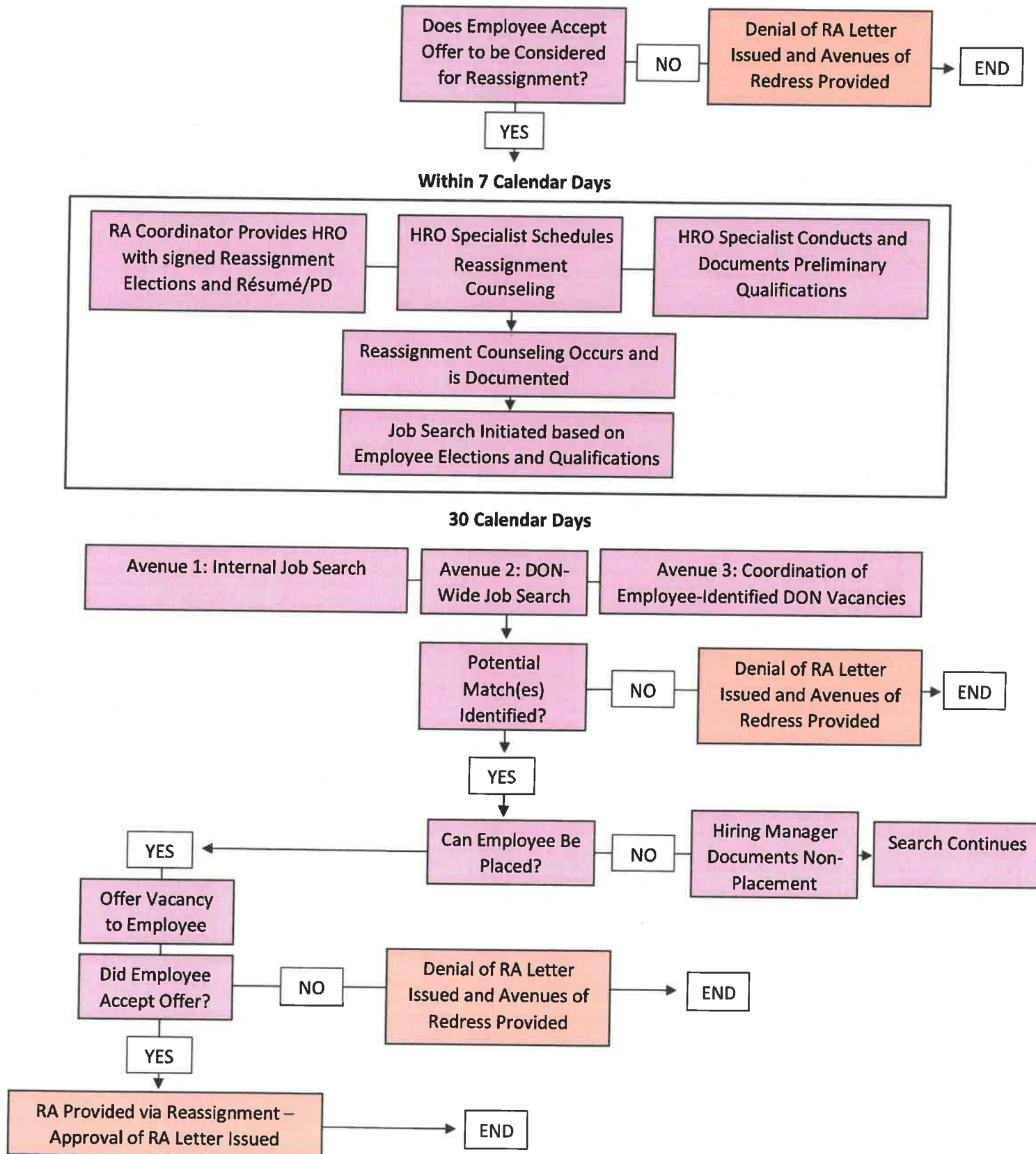
An organization or installation performing a function or a mission, typically represented by a Unit Identification Code (UIC).

Vacant Position

A position is considered vacant if a selection to fill the position has not been made. According to the EEOC, "vacant" means that the position is available when the employee asks for reasonable accommodation, or that the employer knows that it will become available within a reasonable amount of time. The Program Manual defines a "reasonable amount of time" as 60 calendar days from the start of the search for vacant positions. A position is considered vacant even if an employer has posted a notice or announcement seeking applications for that position. The employer does not have to bump an employee from a job in order to create a vacancy, nor does it have to create a new position.

Attachment 2: Reasonable Accommodation (RA) Process Map





CONFIRMATION OF REASONABLE ACCOMMODATION REQUEST**PRIVACY ACT STATEMENT**

Authority: 5 U.S.C. 301; 5 U.S.C. Chapters 11, 13, 29, 31, 33, 41, 43, 51, 53, 55, 61, 63, 72, 75, 83, 99; 5 U.S.C. 7201; 29 USC 791; 10 U.S.C. 136; E.O. 9830, as amended; 29 U.S.C. 79; 29 C.F.R. 1614.601, EEO Group Statistics; 29 CFR 1630.14, Medical Examinations and Inquiries Specifically Permitted; SECNAV Instruction 12713.14, Equal Employment Opportunity; and E.O. 9397 (SSN), as amended, and System of Records Notice (SORN) N12293-1.

Purpose(s): To provide relevant officials with the information to track, monitor, review, and process requests for reasonable accommodation.

Routine Uses(s): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records contained therein may specifically be disclosed outside the Department of Defense (DoD) as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the appropriate officials for the purpose of processing or responding to the request for reasonable accommodation and/or decisions related to such request. To officials and employees of the Equal Employment Opportunity Commission and/or other appropriate third parties responsible for investigating or adjudicating any cases that may result from a reasonable accommodation request. To unions recognized as exclusive bargaining representatives under the Civil Service Reform Act of 1978, 5 U.S.C. §§ 7111 and 7114, the Merit Systems Protection Board, the Office of the Special Counsel, arbitrators, the Federal Labor Relations Authority, and other parties responsible for the administration of the Federal labor-management program for the purpose of processing any corrective actions, grievances, or conducting administrative hearings or appeals. To the Office of Personnel Management (OPM), Office of Workers' Compensation, and Department of Veterans Affairs for the purpose of addressing civilian pay and leave, benefits, retirement deduction, and any other obligations. To an employee's private treating physician and to medical personnel retained by the DON to provide medical services in connection with an employee's health or physical condition related to employment. To the Occupational Safety and Health officials when needed to perform their duties.

Disclosure: Completion of this form is voluntary; however, failure to provide the requested information may result in an inability to process your reasonable accommodation request.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB 0703-0063, is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

LOCATION (Physical Location of Requested Reasonable Accommodation):	DATE (DDMMYYYY):	REQUEST TYPE:
		☐ My Own Behalf ☐ On Behalf Of

PART I Requestor's Information (To be completed by Requestor or "On Behalf Of" Requestor)

1. NAME (Last, First, Middle Initial):	2. ORGANIZATION/DEPARTMENT:
3. UNIT IDENTIFICATION CODE (UIC):	4. DoD ID NUMBER (for employees only):
5. PHONE:	6. ALTERNATE PHONE:
7. OFFICIAL E-MAIL ADDRESS:	8. JOB TITLE AND PAY PLAN/SERIES/GRADE:
9. DESIGNATION OF PERSON ☐ EMPLOYEE ☐ APPLICANT ☐ CONTRACTOR	10. OFFICIAL MAILING ADDRESS:

PART II Details for Reasonable Accommodation (To be completed by Requestor or "On Behalf Of" Requestor)

11. DESCRIBE ANY IMPACT OF YOUR LIMITATIONS ON THE PERFORMANCE OF YOUR DUTIES OR ACCESSING A BENEFIT/PRIVILEGE OF EMPLOYMENT:

12. DESCRIBE ANY ACCOMMODATION YOU BELIEVE WOULD ASSIST YOU IN THE PERFORMANCE OF YOUR DUTIES OR ACCESSING A BENEFIT/PRIVILEGE OF EMPLOYMENT:

13. IF REQUEST IS DUE TO A WORK-RELATED INJURY, PLEASE PROVIDE WORKERS' COMPENSATION CLAIM #:

14. DESCRIBE THE NATURE OF YOUR MEDICAL CONDITION AND YOUR WORK-RELATED LIMITATIONS *(include if limitations are permanent or temporary)*:

I certify that the statements and information contained in this document and any attachments are true and complete to the best of my knowledge. I hereby give permission to release any information contained in this request to authorized officials with a need to know.

PART III Certification of Requestor and/or Designated Appointee or Approving Official

15. REQUESTOR'S PRINTED NAME:

16. REQUESTOR'S SIGNATURE:

17. DATE (DDMMYYYY):

18. SUPERVISOR'S PRINTED NAME:

19. SUPERVISOR'S SIGNATURE:

20. DATE (DDMMYYYY):

21. SUPERVISOR'S E-MAIL ADDRESS:

22. SUPERVISOR'S PHONE NUMBER:

The signature above acknowledges receipt of this request for accommodation and all attachments if any.

INSTRUCTIONS FOR COMPLETING THE CONFIRMATION OF REASONABLE ACCOMMODATION REQUEST FORM**Notes:**

- The form can be completed by typing in the text fields/signing digital signature. For those who do not have access to a computer, the form can be completed by printing in the text fields/signing wet signature.
- Completed forms should be submitted to the servicing Reasonable Accommodation Point of Contact (RA POC) for processing and record keeping purposes.
- Please review the Privacy Act Statement and the Agency Disclosure Notice that are printed at the top of this form.
- For the purposes of the form, 'Requestor' is defined as the person requesting the reasonable accommodation, or a designated appointee acting on behalf of the Requestor.
- Attachments supporting the Reasonable Accommodation Request may be included by the Requestor or Designated Appointee.

COMPLETION OF THE FORM

- The Physical Location of the Requested Reasonable Accommodation should be entered in the 'LOCATION' block.
- The submission date of the Reasonable Accommodation Request form should be entered in the specified format in the 'DATE' block.
- In the 'REQUEST TYPE' block, indicate whether the request is submitted by the Requestor ('My Own Behalf') or by a designated appointee acting on behalf of the Requestor ('On Behalf Of') by selecting the appropriate box.

Part I: Requestor's Information

Part I should be filled out and completed by the Requestor or "On Behalf Of" the Requestor. Consult with the supervisor and/or the servicing Reasonable Accommodation Point of Contact when needed.

1. Name (Last, First, Middle Initial): As stated.
2. Organization/Department: For employees, the requestor's current organization/department name. For applicants, the organization/department name of the position sought.
3. Unit Identification Code (UIC): For employees, the five-digit code associated with requestor's current employing organization. For applicants, the five-digit code associated with the organization of the position sought.
4. DoD ID Number: For employees only, please enter in your 10-digit DoD/EDIPI Number. For employees that do not have a DoD ID Number/EDIPI Number, please enter your Employee ID number.
5. Phone: As stated.
6. Alternate Phone: As stated.
7. Official Email Address: For employees, the requestor's work email address should be used. For applicants, the requestor's preferred email address should be used.
8. Job Title and Pay Plan/Series/Grade: If the requestor is an employee, the official work title, pay plan/series/grade information of the Requestor. If the requestor is an applicant, the official job title and pay plan/series/grade information of the position sought.
9. Designation of Person: Indicate whether the Requestor is an Employee, Applicant or Contractor.
10. Official Mailing Address: For employees, the requestor's work mailing address should be used. For applicants, the requestor's preferred mailing address should be used.

Part II: Details for Reasonable Accommodation

Part II should be filled out and completed by the Requestor or "On Behalf Of" the Requestor.

11. Describe any impact of your limitations on the performance of your duties or accessing a benefit/privilege of employment: As stated.
12. Describe any accommodation that you believe would assist you in the performance of duties or accessing a benefit/privilege of employment: As stated.
13. If the request is due to a work-related injury, the requestor shall provide the Workers' Compensation claim number: Enter the Workers' Compensation claim number if applicable. If the request is not due to a work-related injury, please enter "N/A," or the field can stay blank.
14. Describe the nature of your medical condition and the work-related limitations (*include if limitations are permanent or temporary*): As stated.

Part III: Certification of Requestor and/or Designated Appointee or Approving Official

Part III should be filled out and digitally signed by the Requestor (or their Designated Appointee) and (Requestor's Supervisor). Please include all information requested:

15. Requestor's Printed Name: As stated.
16. Requestor's Signature: Typing/signing a digital signature, or printing/ signing a wet signature is permitted.
17. Date: Use 'DDMMYYYY' format.
18. Supervisor's Printed Name: As stated.
19. Supervisor's Signature: Typing/signing a digital signature, or printing/ signing a wet signature is permitted.
20. Date: Use 'DDMMYYYY' format.
21. Supervisor's E-mail Address: The Supervisor's work email address should be used.
22. Supervisor's Phone Number: work phone number should be used

Attachment 4: Confirmation of Withdrawal of Reasonable Accommodation
Request Letter

(Insert Date)

From: *(Insert Supervisor's Name and Title)*

To: *(Insert Requestor's Name and Title)*

Subj: Confirmation of Withdrawal of Reasonable Accommodation Request

1. On *(insert request date)*, you submitted a request for reasonable accommodation (RA). You requested the following as an accommodation: *(Insert RA requested - be sure to add in any specific information to describe the request or any notable details from the request process)*.
2. *(Insert reason for withdrawal, e.g. "On (insert date of verbal/written withdrawal here), you expressed to (insert supervisor or the name of the RA Coordinator) that you no longer wish to pursue the RA process.")*
3. Through your signature below, this letter documents your decision to withdraw from the RA process, which will result in the closure of your request and cease the process. This letter does not preclude you from making a request for RA in the future. Please sign and return this letter to me within seven calendar days of your receipt of this letter, by *(insert date)*. If you have any questions or concerns, please contact me or *(insert RA Coordinator's name and contact information)*.

(Insert Supervisor's Name/Signature Block)

Copy to:

(Insert parties with a need-to-know, including RA Coordinator)

Requestor's signature

Date

Attachment 5: Documentation of Essential Functions

The hiring manager/supervisor completing the Documentation of Essential Functions may collaborate with appropriate RA Coordinator, and the Human Resources (HR) Specialist if necessary, and shall maintain open lines of communication with the individual requesting RA. When listing the essential functions, provide a justification that describes why each function is essential to the position. In your response, please incorporate the following factors that apply:

- Does the position exist to perform the function?
- Are there a limited number of employees available to perform the function?
- Is the function highly specialized or is the incumbent hired specifically for their ability to perform the function?
- What percentage of time is spent performing the function?
- What is the consequence of not performing the function?

If available, please provide the documentation that establishes the function as essential (e.g. position description, job announcement, etc.), as well as any other additional information that may factor into the accommodation decision.

Position Title:

Pay Plan/Occupational Series/Grade:

Position Description Number:

Hiring Manager/Supervisor Name and Email Address:

ESSENTIAL FUNCTION #1:

JUSTIFICATION:

ESSENTIAL FUNCTION #2:

JUSTIFICATION:

ESSENTIAL FUNCTION #3:

JUSTIFICATION:

ESSENTIAL FUNCTION #4:

JUSTIFICATION:

ESSENTIAL FUNCTION #5:

JUSTIFICATION:

Supervisor/Hiring Manager Signature

Date

Attachment 6: Notification of Interim Accommodation Letter

(Insert Date)

From: *(Insert Supervisor's Title and Name)*

To: *(Insert Requestor's Title and Name)*

Subj: Notification of Interim Accommodation

Ref: (a) Department of the Navy (DON) Program Manual for Reasonable Accommodation

1. On *(insert request date)*, you submitted a request for reasonable accommodation (RA). You have requested the following as an accommodation: *(Insert RA requested - be sure to add in any specific information to describe the request or any notable details from the request process)*. Per reference (a), the DON must consider any possible means of accommodating individuals on an interim basis while the request for RA is being processed.
2. This letter is to notify you that although your RA request is still being processed and a determination regarding the outcome has not yet been made, an interim accommodation has been identified that will allow you to perform some or all of the essential functions of your position. The interim accommodation is as follows: *(insert details of the interim accommodation, e.g. full-time telework with an end date)*.
3. Please note that if it is determined that you are not entitled to an RA or that the accommodation would pose an undue hardship, the interim accommodation will be rescinded.
4. If you have any questions on the above, please contact me or *(insert RA Coordinator's name and contact information)*.

(Insert Supervisor's Name/Signature block)

Copy to:

(Insert parties with a need-to-know)

Attachment 7: Request for Medical Documentation Letter

(Insert Date)

From: (Insert Supervisor's Name and Title)

To: (Insert Requestor's Name and Title)

Subj: Request for Medical Documentation

Ref: (a) The Rehabilitation Act of 1973, as amended

Encl: (1) Questions for Healthcare Professional

(2) Authorization for Release of Medical Information

1. On (insert request date), you submitted a request for reasonable accommodation (RA). You have requested the following as an accommodation: (Insert RA requested - be sure to add in any specific information to describe the request or any notable details from the request process).
2. The goal of providing RA is to enable an individual with a disability to participate in the application process, perform the essential functions of their position, and enjoy equal benefits and privileges of employment. Entitlement to RA, absent undue hardship on the agency, is dependent on an individual meeting the criteria of a "qualified individual with a disability," where the individual with a disability must satisfy the requisite skill, experience, education, and other job-related requirements of the employment position such individual holds or desires, and who can perform the essential functions of the position with or without an accommodation. At this time, I do not have sufficient information to make an informed decision regarding your entitlement or need for RA. The purpose of this letter is to request information regarding your current medical condition, its impact on your ability to perform the duties of your position, and how an RA would allow you to perform the essential functions of your position. This information will assist me in determining the agency's obligation to provide you with RA in accordance with reference (a), and to assist me in making informed decisions regarding your RA request.
3. Please obtain the requested medical documentation from your healthcare professional, as outlined in enclosure (1), and submit it to the RA Coordinator, (insert RA Coordinator's name and contact information), within 15 calendar days of your receipt of this letter, by (insert date).
4. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), which became effective April 14, 2003, imposes requirements on medical providers, employers, health plans and plan administrators to ensure that your individual medical and health information is kept confidential. In adhering to this regulation, your healthcare professional will not release medical documentation without your permission. Therefore, if your healthcare professional prefers to submit the required medical information to the agency directly, you must complete enclosure (2) and provide it to the RA Coordinator, (insert RA Coordinator's name and contact information).

5. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II 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 and/or healthcare professional 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.

6. If you have any questions or concerns, or need additional time to provide the requested documentation due to an extenuating circumstance, please contact me or (*insert RA Coordinator's name and contact information*).

(Insert Supervisor's Name/Signature Block)

Copy to:
(Insert parties with a need-to-know)

Acknowledgement of receipt:

Requestor's signature

Date

Attachment 8: Authorization for Release of Medical Information

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

By my signature on this document, I authorize _____
(name(s) of healthcare professional(s)) to release medical information to the following
authorized agency officials (*insert RA Coordinator name and other specific individuals who will
have access to the medical information that have a need-to-know*) solely to respond to my
request for reasonable accommodation.

I understand that by providing permission to my healthcare professional(s) to release my medical
information that pertains to my accommodation request, it will enable the Department of the
Navy's officials to:

- Confirm that my medical condition is a disability under the Rehabilitation Act of 1973, as amended;
- Understand the functional limitation(s) or work-related restrictions associated with my disability and why the requested accommodation is needed;
- Receive clarification of or a recent update regarding medical information previously submitted to the Department of the Navy, if applicable; or
- Obtain recommendations on any potential accommodation(s) that would enable me to perform the essential functions of my position.

The medical information collected will remain confidential and separate from my official personnel records, but I understand that relevant information may be shared with individuals directly involved in the processing of my reasonable accommodation request.

Signature

Date

Attachment 9: Questions for Healthcare Professional

Note to the RA Coordinator: It is encouraged that this letter be modified to specifically address the individual's request for RA. You may also add additional space in between the questions to allow greater room for the healthcare professional to provide written responses.

The Department of the Navy (DON) requires additional information to determine whether (*insert applicant/employee name*) is a qualified individual with a disability, and therefore entitled to a reasonable accommodation, unless it creates an undue hardship. To properly address the request for a reasonable accommodation, the DON requests that this document be completed in narrative form by a healthcare professional, or to have all of the below questions addressed on the healthcare professional's letterhead.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. Therefore, please do 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.

To assist in responding to the questions below, the essential functions of (*insert applicant/employee name*) position as a (*insert position title, pay plan/series/grade*) are as follows:

- (*Insert essential function #1*)
- (*Insert essential function #2*)
- (*Insert essential function #3*)
- (*Insert essential function #4*)
- (*Insert essential function #5*)

1. What is the nature, severity, and duration of (*insert applicant/employee name*) medical condition for which they are requesting a reasonable accommodation?

- a. Nature
- b. Severity
- c. Duration

2. Provide an estimate of the expected date of full or partial recovery.

3. Can you explain the impact of (*insert applicant/employee name*) medical condition on their activities on the job and off the job (if relevant to the request)? Describe how the medical

condition impacts their ability to perform the job duties in the workplace or enjoy equal benefits or privileges of employment.

4. What functional limitations does (*insert applicant/employee name*) medical condition produce that may impact their ability to perform the duties of their position as described in the essential functions document?

5. Please identify the trigger(s) (e.g. conditions within the workplace, length of commute, etc.) that may result in a need for a reasonable accommodation. If trigger(s) exist, please explain what the agency can do or provide (*insert applicant/employee name*) to reduce or eliminate the occurrence of the identified trigger(s).

6. (*Insert applicant/employee name*) has stated that (*insert limitations here*). Please provide information on the (*insert limitation*) and the resultant necessity for (*insert accommodation requested*). Please provide more specificity and parameters (i.e. needed amount of time, frequency, equipment that may be needed, suggested alternative accommodations, etc.) for the requested accommodation.

7. On the basis of your medical expertise and knowledge of (*insert applicant/employee name*) position from the information provided, please provide an assessment of their ability to successfully perform the essential elements of their position, with or without an accommodation.

8. Please advise if there are any accommodations that you believe are needed to allow (*insert applicant/employee name*) to perform the essential functions of their position or enjoy equal benefits or privileges of employment. If so, please provide a reason why the accommodation is needed. If there are multiple reasonable accommodations that may be effective, please provide information on all possible accommodation options.

Printed name of Healthcare Professional

Signature of Healthcare Professional

Date

Attachment 10: Approval of Reasonable Accommodation Request Letter

(Insert Date)

From: *(Insert Supervisor's Name and Title)*

To: *(Insert Requestor's Name and Title)*

Subj: Approval of Request for Reasonable Accommodation

1. On *(insert request date)*, you made a request for reasonable accommodation (RA). You indicated your limitation(s) as *(insert limitation(s))*, and requested the following accommodation(s): *(insert accommodation requested)*.
2. This letter is to notify you that after assessing the information you provided, as well as using the resources available to me, your request for RA is approved as stated below:
 - a. *(Be specific in describing the RA to be provided, as well as the estimated date of implementation, if available. If applicable, identify any limitations preventing immediate implementation of the services, and any interim services or arrangements that will be provided.)*
 - b. *(If the RA to be provided is different from the employee's original request, the approval letter must indicate that the alternative accommodation will allow the employee to effectively perform the essential functions of their position within their medical restrictions, and thoroughly explain why the alternative is effective. Describe any interactive discussions that took place with the employee to determine effective accommodations.)*
3. Please be advised that if your need for RA changes or is different from what is identified above, please notify me immediately. If you have any questions or concerns regarding your accommodation, please do not hesitate to contact me or *(insert name of RA Coordinator)*.

(Insert Supervisor's Name/Signature block)

Copy to:

(Insert parties with a need-to-know)

Requestor's signature

Date

Attachment 11: Denial of Reasonable Accommodation Request Letter

(Insert Date)

From: (Insert Supervisor's Name and Title)

To: (Insert Requestor's Name and Title)

Subj: Denial of Request for Reasonable Accommodation

1. On *(insert request date)*, you made a request for reasonable accommodation (RA). You indicated your limitation(s) as *(insert limitation(s))*, and requested the following accommodation(s): *(insert accommodation requested)*.
2. This letter is to notify you that after assessing the information you provided, as well as using the resources available to me, your request for RA is denied. The reason your request for RA is denied is because *(select one or more of the following)*:
 - You do not meet the definition of a qualified individual with a disability;
 - You did not provide the requested information necessary to make an informed decision regarding your request for accommodation;
 - There is no accommodation that we can provide that will enable you to perform the essential functions of your job or any other available position for which you are qualified, absent undue hardship on the agency;
 - You declined the offer of reassignment as a form of accommodation.
3. This decision is based on the following: *(Be specific and provide as much detail as necessary to justify the decision, e.g. why the employee does not meet the definition of a qualified individual with a disability, or why it would be an undue hardship to provide an accommodation, etc.)*.
4. You have the right to:
 - a. Invoke the Alternative Dispute Resolution (ADR) process. To invoke the ADR process, please contact *(provide ADR Convener's contact information)*. ADR may also be appropriately considered as an option in the negotiated grievance and/or discrimination complaint procedures.
 - b. *[Insert this language for bargaining unit employees]* File a grievance under the negotiated grievance procedure. If you are a bargaining unit employee, you have the right to file a grievance, in accordance with *(reference appropriate provisions of the collective bargaining agreement)*. To file a grievance, please contact *(insert contact information for appropriate union official)*.
 - c. *[Insert this language for non-bargaining unit employees]* File a grievance under the administrative grievance procedure in accordance with the SECNAVINST 12771.2, Department of the Navy Administrative Grievance System. If you are covered under SECNAVINST 12771.2, you may file an administrative grievance.
 - d. Initiate the discrimination complaint process pursuant to 29 Code of Federal Regulations (CFR) Part 1614. To do so, you must contact *(provide contact information for EEO Counselor, who is different from the RA Coordinator)* within 45 calendar days from your receipt

of this notification of the initial denial. Please note that utilization of other agency procedures (such as the negotiated grievance procedure or the administrative grievance procedure) does not toll the time limit for contacting an EEO counselor.

Unless noted as an exception above, you must file a request for ADR, grievance, or initiate the discrimination complaint process within the applicable timeframes for it to be considered a timely filing.

5. *[Insert the following information for appropriated fund employees]* If you are eligible, you also have the option of applying for disability retirement. For more information regarding this option, please contact the servicing Benefits HR Advisor.

[Insert the following information for non-appropriated fund employees] If you are eligible, you also have the option of applying for disability or retirement benefits. For more information regarding this option, please contact *(insert appropriate POCs)*.

You are further advised that if you are unable to perform the essential functions of your position, appropriate administrative action may be taken, which could include your removal from Federal service.

6. If you have any questions on the above, please contact me or *(insert name of servicing RA Coordinator)*.

(Insert Supervisor's Name/Signature block)

Copy to:
(Insert parties with a need-to-know)

Acknowledgement of receipt:

Requestor's signature

Date

Attachment 12: Undue Hardship Analysis Worksheet

Note to Supervisors: This worksheet is a guide to determine whether an undue hardship exists, and is not sufficient to actually establish undue hardship. Please work with the RA Coordinator to determine if an undue hardship exists, and provide all supporting evidence of the below responses, if available. This determination will be reviewed by the Office of General Counsel (OGC) for legal sufficiency.

Individual Requesting Accommodation:

Name of Supervisor Completing Worksheet:

Date:

Is this an accommodation or arrangement that others use in your organization or in organizations similar to yours? If yes, why is this request different or more burdensome?

Please complete all that apply to this accommodation request, and indicate factors or determinations not listed in the "Other" section at the end of this worksheet.

Extremely high expense

- 1) How much will the requested accommodation cost?
- 2) Are there less expensive alternatives to achieve the desired result?
- 3) Are other funding sources available to pay for the requested accommodation?

Impact on agency operations

- 1) Would the requested accommodation significantly impact agency operations (e.g. inability to meet the Department of the Navy's mission)? Please explain.
- 2) Can this impact be avoided or limited? If the answer is "no," why not?
- 3) Did your office experience a similar situation in the past? If the answer is "yes," did it impact operations? How so?

Disrupts work of other employees

- 1) Whose work would be disrupted by this accommodation?
- 2) Could that disruption be avoided by shifting non-essential duties or modifying the location where work is completed?

Please list any other reasons as to why the individual's accommodation may present a significant difficulty or expense to the Department of the Navy:

Attachment 13: Direct Threat Analysis Worksheet

Note to Supervisors: This worksheet is a guide to determine whether a direct threat exists, and is not sufficient to actually establish direct threat. Please work with the RA Coordinator to determine if a direct threat exists, and provide all supporting evidence of the below responses, if available. Your organization's safety office may also serve as a resource for completing the direct threat analysis. This determination will be reviewed by the Office of General Counsel (OGC) for legal sufficiency.

Individual Requesting Accommodation:

Name of Supervisor Completing Worksheet:

Date:

Question	Response
1. What is the impairment(s) at issue? Do not simply state the diagnosis; explain what limitations are currently affecting the individual.	
2. What essential function(s) do these limitations interfere with? List all applicable function(s).	1. 2. 3. 4. 5.
3. How will the limitations interfere with the above-listed essential functions?	
4. How long are the limitations likely to last?	
5. What kind of direct threat do you believe will result from the limitations?	
6. Please assess whether you believe the employee, coworkers, and/or others are at risk of injury from this impairment, and if so, the severity of the risk. Impairments can present different risk levels to various groups of people. For example, employees might be impaired in a way where they are likely to moderately injure themselves, but unlikely to injure their coworkers.	Injury to employee? _____ (YES/NO) Indicate Severity: (Mild/Moderate/Severe) Injury to coworkers? _____ (YES/NO) Indicate Severity: (Mild/Moderate/Severe) Injury to bystanders, clients, and/or members of the public? _____ (YES/NO) Indicate Severity: (Mild/Moderate/Severe)
7. Please rank the likelihood that the threat will occur, on a scale of 1-5, where:	Injury to employee ? _____ (see scale of 1 – 5 on the left)

1. Extremely unlikely, but still a remote possibility. 2. More unlikely than not. 3. About a 50/50 likelihood. 4. More likely than not. 5. Extremely likely, almost certain to happen.	Injury to co-workers? _____ (see scale of 1 – 5 on the left) Injury to bystanders, clients, and/or members of the public? _____ (see scale of 1 – 5 on the left)
8. For each of the responses for question 7, please rank the imminence of the threat on a scale of 1-3, where: 1. The threat may happen at a distant, unknown future point (more than 1 year in the future). 2. The threat is likely to happen in the foreseeable future, but not imminently (within 3-12 months). 3. The threat is likely to happen imminently (within a few days, a few weeks at the most).	Injury to employee? _____ (see scale of 1 – 3 on the left) Injury to co-workers? _____ (see scale of 1 – 3 on the left) Injury to bystanders, clients, and/or members of the public? _____ (see scale of 1 – 3 on the left)
9. What objective evidence was used to support the responses for questions 1 through 8? Please check from the following, and attach documentation if available.	☐ Individual's testimony ☐ Individual's work history ☐ Position Description ☐ Opinion of individual's healthcare professional ☐ Opinion of medical provider of the agency's choice ☐ Medical testing or evaluation ☐ Agency's own testing or evaluation ☐ Other:

Attachment 14: Documentation of Accommodation Options Considered

This worksheet documents all reasonable accommodation (RA) options and the feasibility or effectiveness of providing such accommodations. This documentation is required prior to the determination that an employee cannot be accommodated in their position of record.

Name of Individual Requesting RA: _____

Limitations Identified: _____

Original Accommodation Requested: _____

Explain why the accommodation requested is not effective (explanation may also be attached, e.g. Undue Hardship Analysis):

Accommodation Options Considered (e.g. telework)	Is it an Effective Accommodation Option? (YES/NO)	Why or Why Not?
1)		
2)		
3)		
4)		
5)		

RA Coordinator Signature: _____

Supervisor Signature: _____

Attachment 15: Sufficiency Review of Reasonable Accommodation Case File

(Insert Date)

MEMORANDUM FOR THE RECORD

Subj: Sufficiency Review of Reasonable Accommodation Case File

Ref: (a) 29 CFR 1630

(b) DON Program Manual for Reasonable Accommodation

1. In accordance with reference (a), reassignment to a vacant position is a form of reasonable accommodation (RA), and is provided to an employee, who, because of a disability, can no longer perform the essential functions of their current position, with or without an RA. Reassignment is the RA of last resort, after the employer considers all accommodation options that would enable an employee to remain in their position of record.

2. Reference (b) requires that the Director, Equal Employment Opportunity (DEEO), or designee, of the Major Command review the sufficiency of the determination that the employee cannot be accommodated in their position of record, prior to offering the employee the opportunity to participate in a job search for a vacant funded position as part of the RA process. After reviewing the RA case file, I find the processing of this RA request to be sufficient, and in accordance with the procedures outlined in reference (b). *(Insert details regarding the processing of the particular request, e.g. it would be an undue hardship to provide the requested accommodation and all other alternatives are not within the medical restrictions identified by the employee's medical provider).*

(Insert DEEO Signature Block)

Copy to:

(Insert parties with a need-to-know)

Attachment 16: Offer to be Considered for Reassignment Due to Inability to
Accommodate in Position of Record Letter

(Insert Date)

From: (Insert Supervisor's Name and Title)

To: (Insert Employee's Name)

Subj: Offer to be Considered for Reassignment due to Inability to Accommodate in Position of Record

Encl: (1) Reassignment Elections
(2) List of Duty Stations within the Department of the Navy
(3) List of Occupational Series within the Department of the Navy

1. On (insert date), you submitted a request for reasonable accommodation (RA). This is to notify you that, after assessing all of the information you have provided, using the resources available to me, it has been determined that you cannot be accommodated in your position of record. This decision is based on the following information: *(insert specific, detailed information that justifies the determination that the employee cannot be accommodated in their position of record)*.

2. Although it has been determined that you cannot be accommodated in your position of record, you are eligible to be considered for reassignment into a vacant funded position within the Department of the Navy (DON). If you desire to be considered for reassignment into a vacant position within the DON, you must be able to perform the essential functions of the vacant position(s), and meet the requisite skills, experience, education, and other job-related requirements of the vacancy, with or without an accommodation.

3. Please respond with your decision to accept or decline the option to be considered for a reassignment within seven calendar days of receipt of this notice. This decision may be annotated by your indication of YES or NO at the end of this memorandum, along with your signature. If you accept this option, it is requested that you indicate your preferences and the parameters of the job search on Enclosure (1). You may use Enclosures (2) and (3) to assist you in determining your preferences and the parameters of the job search. This information is necessary to assist the DON in making an informed decision regarding your request for RA.

a. If you accept the offer to be considered for a reassignment, you have an opportunity to meet with a Human Resources (HR) Specialist from your servicing HR Office and the RA Coordinator, to review your selections in Enclosure (1). The HR Specialist will contact you within seven calendar days upon your acceptance of the offer to be considered for reassignment, to schedule the "Reassignment Counseling" meeting with you. You must provide the completed Reassignment Elections (Enclosure (1)), and your updated résumé to the RA Coordinator within seven calendar days of receipt of this notice. If you do not provide a résumé, your current series, grade and position description will be used to make this determination.

b. If you decline the offer to be considered for reassignment, your RA request will be denied. This may result in removal from Federal service for medical inability to perform in your position of record.

4. *[Insert the following information for appropriated fund employees]* You may also be eligible to apply for disability retirement. For further information regarding this option, please contact *(insert applicable Benefits contact information)*.

[Insert the following information for non-appropriated fund employees] You may also be eligible to apply for disability or retirement benefits. For more information regarding this option, please contact *(insert appropriate points of contact)*.

5. If you have any questions on the above, please contact *(insert RA Coordinator's contact information)*.

(Insert Supervisor's Signature Block)

EMPLOYEE TO COMPLETE AND SIGN THE BELOW:

I want to be considered for a reassignment as an RA.

YES _____ NO _____

a. I understand that if I select "NO," then the RA process stops and that my RA request will be denied. I further understand that denial of my RA request may result in removal for inability to perform in my position of record.

b. I understand that if I select "YES," then the search for vacant positions will be conducted within the parameters that I identify in the *Reassignment Elections* document and during the Reassignment Counseling session.

Employee's Signature

Date

Attachment 17: Reassignment Elections

The purpose of the Reassignment Elections document is to establish the parameters that the Department of the Navy (DON) will use to conduct a search for vacant funded positions for which you may be considered for reassignment as a reasonable accommodation (RA). The document also intends to inform you of your rights and responsibilities pertaining to the reassignment as an RA process.

Please review Parts I through IV in their entirety prior to finalizing your responses. You must provide the completed document and your updated résumé to the RA Coordinator within seven calendar days of your receipt of the *Offer to be Considered for Reassignment Due to Inability to Accommodate in Position of Record* letter. If you elect to participate in Reassignment Counseling, the HRO Specialist will discuss your responses on this document prior to the initiation of the job search.

PART I: BREADTH OF SEARCH

1) I only want to be considered for a reassignment within (*insert name and Unit Identification Codes (UICs) for employing command and/or organization*).

YES _____ NO _____

2) I am willing to be considered for a reassignment outside of (*insert name(s) and Unit Identification Codes (UICs) for employing command and/or organization*) as a reasonable accommodation.

YES _____ NO _____

3) I only want to be considered for remote positions. (Note: Please complete Part II, Geographic Preferences when selecting this option.)

YES _____ NO _____

PART II: GEOGRAPHIC PREFERENCES

1) I only want to be considered for positions at the duty station of my position of record.

YES _____ NO _____

2) I only want to be considered for positions within the 50-mile radius of the duty station of my position of record. The duty stations within the 50-mile radius of my present duty station include (*insert complete list of duty stations within a 50-mile radius*).

YES _____ NO _____

a. If "YES," and you wish to further narrow the search, please identify ALL Department of the Navy duty stations within the 50-mile radius in which you are willing to work:

3) I am willing to be considered for remote positions.

YES _____ NO _____

4) I am willing to be considered for positions outside of the 50-mile radius of the duty station of my position of record.

(Note to employee: You may use the list of duty stations within the DON in Enclosure (2) to assist you. Please note that the job search will only include positions in the Contiguous United States (CONUS) and Hawaii, if you already work within these locations. For overseas employees, the search may include positions within your current region, and positions in CONUS and Hawaii.)

YES _____ NO _____

a. If "YES," please identify ALL DON duty stations in which you are willing to work:

PART III: OCCUPATIONAL PREFERENCES

1) At this time, I have specific vacant position(s) in mind for which I believe I am qualified.

YES _____ NO _____

a. If "YES," please list the position(s) here:

2) I have specific occupational series and grade level preferences for which I wish to be reassigned.

YES _____ NO _____

a. *[For appropriated fund employees, please include the following information]* If "YES," please identify the lowest grade level for which you would be willing to be reassigned. Please note that if you are placed in a lower-graded position, you may be eligible for pay retention in accordance with 5 Code of Federal Regulations (CFR) 536.

b. *[For non-appropriated fund employees, please include the following information]* If you are reassigned to a lower-graded position, your basic pay will change accordingly.

c. If “YES,” please identify ALL occupational series for which you would like to be considered. You may use the list of occupational series within the DON in Enclosure (3) to assist you. The series you have identified are subject to review and approval by appropriate HR practitioners responsible for determining your qualifications.

3) I would like to be considered for any position at any series and grade level for which I am qualified across the DON.

YES _____ NO _____

PART IV: ACKNOWLEDGEMENT OF RIGHTS

I further understand and acknowledge that:

a. If I elect for the job search to be conducted outside of my current commuting area and the results yield in my placement outside of my current commuting area, I may be required to relocate at my own expense.

b. *[For appropriated fund employees only]* If I accept a position at a lower grade level than my position of record, I will be changed to the lower grade with pay retention in accordance with 5 Code of Federal Regulations (CFR) 536. Although I am entitled to receive pay retention, the placement may not result in full pay retention at my current pay rate depending on the vacant position’s grade level.

[For non-appropriated fund employees only] If I am placed at a lower grade level than my position of record, I will be changed to the lower grade and my basic pay will be changed accordingly.

c. If a position is not identified for placement within the parameters I specified in Parts I through III, or if I decline a job placement offer, I understand that my RA request will be denied. I understand that management will advise me of my options after my RA request has been denied.

d. If I want to be considered for a reassignment, I must submit an updated résumé within seven calendar days of the date on this document. If I do not submit an updated résumé by this date, job placement efforts will be based on my current series, grade and position description. This will result in determinations regarding my qualifications that do not consider any work experience gained in previous positions.

e. If during the course of the job search, I identify a position for which I believe I am qualified and wish to be considered, I must provide the position details to my servicing HRO Specialist as soon as possible.

f. In conjunction with the DON's search for vacant positions as a result of the RA process, I am also free to apply for positions outside of the agency. The DON cannot direct reassignment as an RA to positions outside of the agency.

g. *[For appropriated fund employees only]* I may be eligible to apply for disability retirement. I understand that I will need to contact my servicing Benefits Department for information regarding eligibility and application requirements for disability retirement.

[For non-appropriated fund employees only] I may be eligible to apply for disability or retirement benefits. For more information regarding this option, please contact (*insert appropriate POCs*).

My signature below documents that I have identified the parameters of the job search and acknowledges that I was advised of and understand the information contained in this document.

Employee's Signature

Date

Attachment 18: Reassignment as a Reasonable Accommodation Process

Reassignment is only applicable for current Department of the Navy (DON) employees, and is considered the reasonable accommodation (RA) of last resort. Before considering reassignment as an RA, the organization must first consider whether or not there are other accommodations that would enable an employee to remain in their position of record. *Documentation of Accommodation Options Considered* (Attachment 14) must be used to document all alternative accommodations considered in the employee's position of record.

Reassignment should only be considered when the RA file contains documentation that all other accommodation options have been considered and were not effective, or result in undue hardship, and this conclusion is reviewed by the Director, Equal Employment Opportunity (DEEO).

This document provides comprehensive guidance on how to fulfill the DON's obligation of exploring reassignment as the accommodation of last resort, and outlines the following aspects of the reassignment as an RA process:

- Part 1: Preliminary Qualifications and Reassignment Counseling
- Part 2: Job Search Process
 - Avenue 1: Internal Job Search
 - Avenue 2a: DON-Wide Job Search Process (Appropriated Fund)
 - Avenue 2b: DON-Wide Job Search Process (Non-Appropriated Fund)
 - Avenue 3: Coordination of Employee-Identified DON Vacancies
- Part 3: Considering Vacancies

Part 1: Preliminary Qualifications and Reassignment Counseling

Immediately after receiving the employee's election to be considered for reassignment and the completed *Reassignment Elections* (Attachment 17), the RA Coordinator will provide a designated specialist within the servicing Human Resources Office (HRO) with the signed document and the employee's résumé (or current position description (PD) in the absence of a résumé).

Part 1-1 Preliminary Qualifications. In order to assess the employee's preliminary qualifications, the RA Coordinator will provide the completed *Reassignment Elections* (Attachment 17) and the employee's résumé (if submitted along with the elections document) to the servicing HRO Specialist. If the employee does not provide their résumé during the allotted timeframe, the HRO Specialist may use the employee's current PD, Notification of Personnel Action Standard Form 50 (SF-50), and other relevant personnel forms (to include the employee's education) to finalize the preliminary qualifications. The HRO Specialist will utilize this information, as well as other resources available (e.g. the Office of Personnel Management Operating Manual for Qualification Standards for General Schedule Positions, the Federal Wage System Qualification Handbook, etc.) to identify the series and appropriate grade level(s) that the employee is minimally qualified to perform. The servicing HRO Specialist will document the employee's

preliminary qualifications using the *Preliminary Qualifications Worksheet* (Attachment 19). This document will serve as the basis for the search of vacant positions.

Part 1-2 Employee Reassignment Counseling. The Reassignment Counseling session serves to formalize the interactive discussion with the employee pertaining to the reassignment process. Under this process, the interactive discussion will take place between the employee, an HRO Specialist, and the RA Coordinator. The Reassignment Counseling can be conducted in person or virtually. If the individual refuses to engage in this interactive process, it may serve as the basis for denial of the RA request. If the agency has sufficient information to initiate the job search, a job search must be conducted. Prior to denying an RA request for refusal to engage in the interactive process, the RA Coordinator must send the employee a written request for information/documents required for the search, along with a notice that failure to comply will result in the denial of their RA request.

The servicing HRO Specialist sets up the counseling session with the employee and notifies the employee that the RA Coordinator will attend. During the meeting, the HRO Specialist reviews the submitted package with the employee, and conducts the following:

- Reviews résumé or PD, SF-50s, other relevant personnel forms, and education.
- Provides information of what they see the employee could be qualified for based on the information provided.
- Provides input that could strengthen the résumé, such as adding volunteer work or other degrees, skills, or work experience not reflected in the information provided. Employee is responsible for taking notes and providing the updated résumé within a reasonable timeframe, if they choose.
- Explains the job search process to the employee, to include responsibilities, expectations, and possible outcomes.
- Explains that the employee may be required to relocate at their own expense if they elect for the job search to be conducted outside of their current commuting area and the results yield in placement outside of their current commuting area.
- Explains possibility of removal from Federal service for inability to perform position of record, if job search does not result in placement, and the option for disability or traditional retirement.
- Discusses the importance of: 1) obtaining accurate geographic location preferences for the DON-wide search; 2) including duty stations within a 50-mile radius for internal job search; and 3) considering CONUS locations and Hawaii for the DON-wide search.
- Explain remote positions as options to include in the job search parameters.
- Advises the employee that they are responsible for searching for publicly-posted vacancies, and may apply to vacancies both within DON and outside of DON on their own during this process.

Based on the information discussed during the meeting, the HRO Specialist will determine the employee's preliminary qualifications. At the conclusion of the Reassignment Counseling session, the employee and HRO Specialist must both acknowledge that the meeting took place as scheduled, and that the employee understands the reassignment process. The HRO Specialist should document this discussion using the *Documentation of Reassignment Counseling* (Attachment 20).

Part 2: Job Search Process

Part 2-1 Requirements. The goal of reassignment as an RA is to place the employee into a vacant funded position for which they qualify that is equivalent in terms of pay, status, or other relevant factors (e.g. benefits, geographical location, etc.). Reassignment does not include giving an employee a promotion. Thus, an employee must compete for any vacant position that would constitute a promotion. To ensure that the employee is considered for all relevant placement opportunities from the time a job search is initiated, the internal job search and DON-wide search (if elected) will be conducted simultaneously.

Part 2-2 Conducting the Job Search. As soon as the servicing HRO Specialist has completed the Reassignment Counseling session and receives all pertinent information from the employee, the HRO Specialist immediately initiates a job search for current vacant positions. The search remains active for 30 calendar days, or may conclude sooner if it has been determined that the employee can be placed in an equivalent position in accordance with the “Considering Vacancies” section of this document.

The job search is done through the following methods using the preliminary qualifications and the preferences identified in the employee’s completed *Reassignment Elections* document:

- 1) The HRO Specialist searches within the Unit Identification Code(s) (UICs) under the same Commanding Officer of the same Major Command as the employee requesting the RA. This search must also include any vacancies that management anticipates will occur within 60 calendar days. This is also called the internal job search, and should be conducted in accordance with Avenue 1: Internal Job Search.
- 2) The RA Coordinator initiates the DON-wide job search in accordance with Avenue 2a: DON-Wide Job Search Process (Appropriated Fund) or Avenue 2b: DON-Wide Job Search Process (Non-Appropriated Fund) listed below.
- 3) The HRO Specialist coordinates the consideration and potential placement of an employee into a vacant funded position that has been identified by the employee. This process should be conducted in accordance with Avenue 3: Coordination of Employee-Identified DON Vacancies.

Avenue 1: Internal Job Search

To accomplish the internal job search, the HRO Specialist will search for current vacant positions within the Unit Identification Code(s) (UICs) under the same Commanding Officer of the same major command as the employee requesting the RA, for a period of 30 calendar days. This search also includes positions that management anticipates will become vacant within 60 calendar days from the initiation of the job search. The HRO Specialist must maintain and document the vacancies through *Job Search Efforts Conducted by Human Resources Office (HRO) Specialist* (Attachment 21).

The employee will only be considered for those vacancies for which they are minimally qualified and within the geographic preferences identified on the *Reassignment Elections* (Attachment 17) and during the Reassignment Counseling session.

Avenue 2a: DON-Wide Job Search Process (Appropriated Fund)

This information serves as a resource in outlining the steps for executing the DON-wide job search as an RA. These process steps are primarily intended for the Office of Civilian Human Resources (OCHR) Operations Centers; however, it contains valuable information for the RA Coordinator, the HRO, and any others involved in the RA process.

Order of Clearance:

- ARAL (Active Reasonable Accommodation List)
- PCL (Priority Consideration List)
- PPP (Priority Placement Program)
- RPL (Reemployment Priority List)
- ICTAP (Interagency Career Transition Assistance Plan)

Command Responsibilities: For each RA request that will require a DON-wide job search, the servicing RA Coordinator will provide notification to the Employment Information Center (EIC), via the “Reasonable Accommodation DON-Wide Job Search Request” on the OCHR Portal, for registration on the ARAL. The request must include (all fields required):

- Employee name, email address, phone number, and Major Command
- RA Coordinator name, organization, email address, and phone number
- HRO Specialist name, organization, email address, and phone number
- RA Request Number (from the Navy Electronic Accommodations Tracker (NEAT))
- Signed Director, EEO (DEEO) Sufficiency Review of Reasonable Accommodation Case File
- A copy of employee’s résumé and/or position description
- Documentation of the employee’s preliminary qualifications (list of series and grade levels), and General Schedule (GS) representative rate if Wage Grade (WG) or other pay plan
- Geographic location preferences listed by duty stations

If at any time after the submission of the “Reasonable Accommodation DON-Wide Job Search Request” that it has been determined that an employee can be placed in a vacant position identified through the internal job search, the servicing RA Coordinator must immediately notify the EIC so that they can remove the candidate from the ARAL.

EIC Responsibilities: The EIC, within OCHR San Diego, will maintain and manage the ARAL for the DON.

- 1) The EIC will review the “Reasonable Accommodation DON-Wide Job Search Request” submission to ensure that all information has been provided. No employee will be added to the ARAL until all required information is received. The EIC will contact the RA Coordinator within two business days to request missing information.
- 2) The EIC will add the employee to the ARAL, completing all identified fields, and will sanitize the résumé/supporting documentation, uploading and hyperlinking documents to allow viewing as necessary. The EIC will add the date that the RA consideration ends in the RA expiration field, 30 calendar days from the date the employee is added to the list.

- 3) The EIC will remove employees from the ARAL within seven calendar days after their 30 calendar day consideration period has ended.
- 4) After the consideration period is complete or the employee is placed, the EIC will forward complete documentation to the RA Coordinator for case file retention within seven calendar days.

OCHR Operations Center Responsibilities: The OCHR Operations Center Recruitment Specialists will follow process steps as outlined in the DON USA Staffing User Guide Appendix K for Reasonable Accommodation DON-Wide Job Searches. Appendix K is located on the OCHR Portal Page, with access limited to OCHR Recruitment and Staffing Specialists.

- 1) OCHR Operations Center Recruitment Specialists will check the ARAL each time a request for personnel action (RPA) for a permanent position is received, to determine whether the individuals on the ARAL matches the occupational series, grade level, and/or geographic location of the position.
- 2) If there is no match, the OCHR Operations Center Recruitment Specialist will annotate the RPA notepad with the following statement: "Reasonable Accommodation List was cleared on [date]." No note will be made on the ARAL Tracker.
- 3) If there is a match to the occupational series, grade level, and/or geographic location of the position, then the OCHR Operations Center Recruitment Specialist will proceed to review qualifications and document in the ARAL Tracker whether the individual is minimally qualified (and is referred for further consideration) or why the candidate does not meet minimum qualifications.
 - a. If the employee is determined to be minimally qualified and eligible for reassignment or change to lower grade, the OCHR Operations Center Recruitment Specialist will contact the gaining and servicing HRO and servicing RA Coordinator to advise them of the referral, and forward the employee's sanitized résumé. The gaining HRO will then contact the hiring manager and their RA Coordinator to determine the feasibility of placement. Medical documentation will not be provided to the gaining organization during this exchange. However, information regarding the employee's limitations and RA needs may be provided. The determination of whether an employee can be placed in the vacancy shall be made within seven calendar days.
 - b. If the hiring manager at the gaining organization determines that the employee cannot be accommodated, the hiring manager will provide a signed written statement describing the specific reasons for the non-placement. The *Non-Placement Determination Letter (Hiring Manager)* (Attachment 21) is a sample letter that can be used to document the non-placement determination. This document should be forwarded to the servicing RA Coordinator for retention in the RA file. The OCHR Operations Center Recruitment Specialist will annotate the "Consideration Notes" of the RA candidate's active document that they are unable to be placed through RA. In this case, the DON-wide job search continues.
 - c. If the hiring manager at the gaining organization determines that the employee can be accommodated, the OCHR Operations Center Recruitment Specialist will notify the servicing HRO and RA Coordinator that the employee is able to be placed in the position. Placement into this vacancy will depend on the

availability of other potential vacancies identified at this point during the job search, e.g. a more equivalent vacancy, or within the employee's current organization, etc. If the servicing HRO and RA Coordinator determine that the employee should be placed into the identified vacancy, the OCHR Operations Center or HRO will follow established DON business processes to make a written job offer to the employee.

- d. The OCHR Operations Center Recruitment Specialist will annotate the recruitment RPA to reflect the action as an exception to PPP in accordance with the PPP Operations Manual, Chapter 4, paragraph C.2.i.(12).
- e. If the employee accepts the offer, the OCHR Operations Center Recruitment Specialist will notify the HRO, RA Coordinator, and the EIC. The OCHR Operations Center Recruitment Specialist will update the ARAL Tracker "Consideration Notes" regarding the acceptance. The EIC will remove the candidate from the ARAL and then forward the ARAL Tracker results to the servicing HRO Specialist and RA Coordinator.
- f. If the employee declines the offer, the OCHR Operations Center Recruitment Specialist will notify the HRO, RA Coordinator, and EIC. The OCHR Operations Center Recruitment Specialist will update the ARAL Tracker "Consideration Notes" regarding the declination.

Documentation: It is essential to maintain proper documentation regarding actions taken in providing reasonable accommodation to identified employees for matched positions. To accomplish this, the notes section of the ARAL Tracker must be annotated with the recruiter's complete name (first and last), series/locations matched on, remote status of vacancy, reasonable accommodation consideration, selection, determination of qualifications, non-selection, and notice(s) sent with the date. If a match is referred for processing, it is critical that the OCHR Operations Center Recruitment Specialist update the ARAL Tracker with the final outcome (placement or non-placement determination), even for those records that are archived at the conclusion of the DON-wide job search.

Avenue 2a: DON-Wide Job Search Process (Appropriated Fund)

This information serves as a resource in outlining the steps for executing the DON-wide job search as an RA. This process is intended for the DON Non-Appropriated Fund (NAF) Instrumentalities.

- 1) For each RA request that will require a DON-wide job search, the servicing RA Coordinator will provide written notification to the servicing HR Director (HRD), who will then collaborate with the HRDs of the other NAF Instrumentalities to execute a search for vacancies. The information provided to the HRDs must contain the following:
 - A copy of employee's résumé and/or position description
 - HRO Specialist name, organization, email address, and phone number
 - RA Coordinator name, organization, email address, and phone number
 - RA Request Number (from NEAT)
 - Signed DEEO Sufficiency Review of Reasonable Accommodation Case File

- Documentation of the employee's preliminary qualifications and list of series and grade levels
 - Geographic location preferences listed by duty stations
- 2) The servicing HRD submits the package to the HRDs of the other NAF Instrumentalities. The servicing HRD is responsible for compiling and maintaining the list of all vacancies considered. Upon receipt of the package, the NAF HRDs of the other NAF Instrumentalities will immediately commence a search for vacant positions within their organizations for a period of 30 calendar days, and are responsible for documenting the search and providing the servicing HRD with the search results.

Avenue 3: Coordination of Employee-Identified DON Vacancies

Due to the nature of the DON's hiring processes and the timing of the RA request, there may be instances where vacant positions could be missed during the job search. Therefore, the employee is also responsible for identifying any potential DON vacancies that they wish to be considered for reassignment. This includes any publicly-posted DON vacancies, such as those on USAJOBS.gov. The employee will be provided guidance regarding this option during the Reassignment Counseling session. An employee can document identified vacancies through the completed *Reassignment Elections* (Attachment 17) during the Reassignment Counseling session, or anytime throughout the duration of the search verbally or in writing.

If the identified vacancy is within the UICs that the HRO services, then the HRO Specialist will need to determine whether the employee may meet minimum qualifications. The HRO Specialist will need to contact the servicing RA Coordinator and the hiring manager of the vacancy in order to determine if the individual can be placed in the vacancy with or without an accommodation. This contact should be made as expeditiously as possible, but no later than seven calendar days from the date of the employee's request to be considered for the identified position. For appropriated fund vacancies, the servicing OCHR Operations Center makes the final determination of whether the employee meets minimum qualifications.

If the identified vacancy is outside of the servicing UICs (e.g. located within another subordinate organization or within another major command), then the HRO will need to facilitate contact with the HRO overseeing the vacancy in order to determine whether the employee may meet minimum qualifications and can be placed in the identified vacancy. This contact should be made as expeditiously as possible, but no later than seven calendar days from the date of the employee's request to be considered for the identified position. For appropriated fund vacancies, the servicing OCHR Operations Center makes the final determination of whether the employee meets minimum qualifications. If the employee is minimally qualified for the position, the gaining HRO will then contact the hiring manager of the vacancy and their RA Coordinator to process the placement in accordance with the "Considering Vacancies" section of the Program Manual.

For NAF positions, the HRO Specialist will contact the NAF HRO Specialist listed on the vacancy announcement and coordinate consideration of the match with the servicing office directly.

Part 3: Considering Vacancies

Part 3-1 Requirements. During the search for vacant positions, all potential matches for which the employee is minimally qualified to perform must be considered as they are identified. While the matched vacancy is being assessed, the recruitment process for the matched vacancy continues up to the tentative job offer. At all stages of the reassignment process, the gaining RA Coordinator and HRO Specialist must keep the servicing RA Coordinator and HRO Specialist informed of any potential matches, and subsequent acceptances or declinations of offers for reassignment. A copy of all documentation regarding the reassignment process must be maintained by the servicing RA Coordinator in the RA file.

Part 3-2 Determining Minimum Qualifications. When a vacant position is identified, the HRO Specialist must first determine if the employee is minimally qualified for the position. For the purposes of the HRO determination, the employee must be able to meet the requisite skills, experience, education, and other job-related requirements of the vacancy.

- a. If the employee is not minimally qualified, the HRO Specialist must document the determination using *Job Search Efforts Conducted by Human Resources Office (HRO) Specialist* (Attachment 22).
- b. If the employee is minimally qualified, the HRO Specialist associated with the vacancy must immediately notify the hiring manager regarding the pending job placement with a copy to the gaining RA Coordinator. The hiring manager, in consultation with the RA Coordinator, will identify and document the essential functions of that position. The hiring manager must determine whether the employee can perform the essential functions of the position with or without an accommodation using the information provided by the servicing RA Coordinator (e.g. the employee's résumé, employment history, the employee's functional limitations, etc.). The *Documentation of Essential Functions* (Attachment 5) can be used to document this determination. The hiring manager and the RA Coordinator must engage in an interactive discussion with the employee during this step of the process. The determination of whether an employee can be placed in the vacancy must be made within seven calendar days.

Part 3-3 Offer of Placement. If it is determined that the employee can perform the essential functions of the position with or without an accommodation, the employee is offered placement into the identified position. The RA Coordinator and the hiring manager will engage in the interactive process with the employee if an accommodation is required.

- a. In the event that multiple equivalent positions are identified, the RA Coordinator and the servicing HRO Specialist should consult with the employee about their preference before determining which position will be offered to the employee.
- b. The DON is obligated to explore vacant lower-graded positions when there are no vacant equivalent positions for which the employee is minimally qualified. If more than one vacancy is identified through this search, the DON must offer the employee the position that comes closest to their position of record in terms of pay, status, etc. If it is unclear which position comes closest, the RA Coordinator and servicing HRO Specialist should consult with the employee about their preference before determining which position will be offered to the employee.

Once all relevant parties have determined the best potential placement, the employee will be offered a non-competitive placement into the position and requested to provide a response to the offer in accordance with DON business processes. If an employee accepts the offer for placement and there are other potential matches being considered, the servicing HRO Specialist will notify the HRO Specialists of the other potential matches that an offer has been accepted.

Part 3-4 Non-Placement Determination. If the hiring manager determines that the employee cannot perform the essential functions of the position with or without an accommodation, the gaining organization will need to provide evidence to support this determination, to include what accommodations were considered. The *Documentation of Essential Functions* (Attachment 5) and the *Documentation of Accommodation Options Considered* (Attachment 14) may be used as part of the organization's evidence that the employee cannot perform the essential functions of the position.

If the hiring manager determines that reassigning the employee to the identified position is an undue hardship or would create a direct threat, they must provide documentation showing that an individualized assessment was conducted and provide evidence that demonstrates that the reassignment is a significant difficulty or expense (undue hardship), or creates significant risk of substantial harm that cannot be eliminated or reduced by RA (direct threat). The *Documentation of Accommodation Options Considered* (Attachment 14), *Undue Hardship Analysis Worksheet* (Attachment 12), and *Direct Threat Analysis Worksheet* (Attachment 13) may be used as part of the documentation provided. However, other evidence will likely be needed to meet the hiring manager's burden to prove that the placement will in fact create an undue hardship or direct threat.

The determination that the employee cannot perform the essential functions of the identified position with or without an accommodation must be reviewed by the gaining organization's RA Coordinator, Deputy Director, EEO (DDEEO), and legal counsel at a minimum. If necessary, the DEEO of the gaining Major Command may also review the decision. If the reviewing parties support the decision, the employee's servicing organization should be notified immediately. If the employee's servicing organization disagrees with the gaining organization's conclusion, and the differences cannot be resolved by the two organizations, the issue should be raised to the DON Disability Program Manager.

Part 3-5 No Placement by End of Job Search. If no vacancies are identified during the 30 calendar days for which the employee is minimally qualified or can perform the essential functions with or without an accommodation, the servicing HRO Specialist will provide the job search documentation to the servicing RA Coordinator within five calendar days after the conclusion of the search. The HRO Specialist and servicing RA Coordinator must consult the HRD and DDEEO regarding any discrepancies. If a DON-wide job search was conducted, the EIC will forward the job search results to the servicing RA Coordinator and HRO Specialist within five calendar days after the expiration of the 30 calendar day time period. This includes documentation for any pending matches. The HRD certifies the sufficiency of the HRO Specialist's search and documents their review of all searches for vacant positions through their concurrence on *Human Resources Director (HRD) Certification of Job Search Efforts Memorandum* (Attachment 23).

The employee's supervisor will issue a letter denying the request for RA based on the agency's inability to provide an accommodation in the employee's position of record or any other available position. The *Denial of Reasonable Accommodation Request Letter* (Attachment 11) may be used to document the required employee notification. RA denials will be reviewed by the organization's legal counsel for legal sufficiency prior to issuance of the notification to the employee. The RA process ends once the denial letter is issued.

Part 3-6 Declination of a Job Placement Offer. At the conclusion of the 30 calendar day job search, the employee is offered the most equivalent position identified through the search, if available. If the employee declines the job placement offer, the employee's supervisor will issue a letter denying the request for RA based on the decision to decline the job placement offer. The *Denial of Reasonable Accommodation Request Letter* (Attachment 11) may be used to document the required employee notification. RA denials will be reviewed by the organization's legal counsel for legal sufficiency prior to issuance of the notification to the employee. The RA process ends as a result of the employee declination.

Attachment 19: Preliminary Qualifications Worksheet

Employee Name: _____ Date: _____
 Education / Degree: _____
 Semester Hours Completed: _____

This document is intended to be a comprehensive list that identifies all the occupational series and grade levels for which the employee is minimally qualified to perform, and is not limited to the number of boxes on this document. In order to document the preliminary qualifications, complete one box for each occupational series that the employee is qualified to perform, and include all grade levels with accompanying information. The justification for the preliminary qualifications must be based upon analysis of Office of Personnel Management (OPM) or agency-specific qualification and classification standards.

OCCUPATIONAL SERIES	
GRADE LEVELS	
POSITION TITLE (if applicable)	
# YEARS OF EXPERIENCE (if applicable)	
RECORD USED TO MAKE DETERMINATION (e.g. resume, PD, etc.)	
JUSTIFICATION:	

OCCUPATIONAL SERIES	
GRADE LEVELS	
POSITION TITLE (if applicable)	
# YEARS OF EXPERIENCE (if applicable)	
RECORD USED TO MAKE DETERMINATION (e.g. resume, PD, etc.)	
JUSTIFICATION:	

OCCUPATIONAL SERIES	
GRADE LEVELS	
POSITION TITLE (if applicable)	
# YEARS OF EXPERIENCE (if applicable)	
RECORD USED TO MAKE DETERMINATION (e.g. resume, PD, etc.)	
JUSTIFICATION:	

OCCUPATIONAL SERIES	
GRADE LEVELS	
POSITION TITLE (if applicable)	
# YEARS OF EXPERIENCE (if applicable)	
RECORD USED TO MAKE DETERMINATION (e.g. resume, PD, etc.)	
JUSTIFICATION:	

OCCUPATIONAL SERIES	
GRADE LEVELS	
POSITION TITLE (if applicable)	
# YEARS OF EXPERIENCE (if applicable)	
RECORD USED TO MAKE DETERMINATION (e.g. resume, PD, etc.)	
JUSTIFICATION:	

(HRO Specialist to insert this paragraph if the employee completed Part III, Question 2(c) in the Reassignment Elections document. Repeat the below question for each occupational series listed by the employee for completion.)

In *(insert employee name)*'s Reassignment Elections document dated *(insert date of acceptance)*, they indicated that they wish to be considered for the following occupational series only: *(insert occupational series that the employee listed)*:

Do you find *(insert employee name here)* to be minimally qualified to perform duties at the *(insert first occupational series)*? _____ (YES/NO)

a. If YES, at which grade levels? _____

b. If NO, please thoroughly explain why the employee is not minimally qualified.

HRO Specialist Name: _____
 Date Completed: _____
 Phone Number: _____
 E-mail Address: _____

Attachment 20: Documentation of Reassignment Counseling

Employee Name:

I, the undersigned, acknowledge that I met with my servicing HRO Specialist and discussed the following (initial all that apply):

_____ *[Insert the following information for appropriated fund employees]* I have been informed that the remaining options available to me concerning my request for reasonable accommodation (RA) may be reassignment, disability retirement, or removal from Federal service for medical inability to perform in my position of record. *[Insert the following information for non-appropriated fund employees]* I have been informed that the remaining options available to me concerning my request for reasonable accommodation (RA) may be reassignment, disability or retirement benefits, or removal from Federal service for medical inability to perform in my position of record.

_____ *[Insert the following information for appropriated fund employees]* I understand that I may apply for traditional or disability retirement. I further understand that if I am removed from Federal service due to medical inability to perform in my position of record, I may apply for disability retirement if not eligible for traditional retirement. *[Insert the following information for non-appropriated fund employees]* I understand that I may apply for disability or retirement benefits.

_____ I have been informed of the Department of the Navy's (DON) process for reassignment as an RA, which includes a 30 calendar day internal job search and a concurrent 30 calendar day DON-wide job search, if elected. The searches are conducted within my geographic preferences and within the occupational series and grade levels for which I am minimally qualified to perform.

_____ The internal job search is conducted for 30 calendar days for vacancies within a 50-mile radius of my duty station. If I wish to be considered for additional duty stations within my organization, but outside the 50-mile radius of my duty station, I will list them below. I also understand that if I elect duty stations outside of my commuting area and a position for which I am qualified is located, relocation may be at my own expense:

_____ The DON-wide search for vacancies is conducted for 30 calendar days, based on my qualifications and my geographic preferences. I understand that if I elect duty stations outside of my commuting area and a position for which I am qualified is located, relocation may be at my own expense. Based on my conversation with the HRO Specialist and after reviewing the list of DON duty stations, I have listed all of the duty stations for which I would like to be considered:

_____ *[Insert the following information for appropriated fund employees]* I have been informed that placement into a position identified during a job search could require either a lateral reassignment or a voluntary change to lower grade. I have been informed that I may be entitled to pay retention for the voluntary change to lower grade. *[Insert the following information for non-appropriated fund employees]* I have been informed that placement into a position identified during a job search could require either a lateral reassignment or a voluntary change to lower grade. If I am placed at a lower grade level than my position of record, I will be changed to the lower grade and my basic pay will be changed accordingly.

_____ I understand that if I decline an offer of reassignment to a vacant position for which I am qualified, my RA request will be denied. I further understand that denial of my RA request may result in removal from Federal service for medical inability to perform in my position of record.

_____ I understand that if no vacant positions are identified for which I am qualified to perform, or if no vacant positions are identified for which I can perform the essential functions with or without an accommodation, my RA request will be denied. I further understand that denial of my RA request may result in removal from Federal service for medical inability to perform in my position of record.

Signature of Employee

Date

Signature of HRO Specialist

Date

Attachment 21: Non-Placement Determination Letter (Hiring Manager)

(Insert Date)

MEMORANDUM FOR THE RECORD

Subj: Non-Placement Determination for (Insert RA Request #)

Ref: (a) Functional Limitations for (Insert RA Request #)

Encl: (1) Documentation of Essential Functions for (Insert Job Title of Matched Vacancy)
(2) Documentation of Accommodation Options Considered

1. On (insert date), (insert name of organization) received a referral for placement into (insert job title of matched vacancy) as a reasonable accommodation (RA).
2. Based on the identified essential functions of the position in enclosure (1), and the functional limitations of the individual that I have received as reference (a), I have determined that the individual is unable to perform the essential functions of the position, with or without an accommodation. In addition, I have considered various accommodation options in order to consider placement into this position that are not reasonable or feasible, which are documented in enclosure (2). As a result of my review, this individual cannot be placed into (insert job title of matched vacancy) as an RA.
3. This determination is based on the following information: (insert specific, detailed information that justifies the determination that the employee cannot be placed in the matched vacancy, e.g. undue hardship.)
4. If you have any questions, please contact me at (insert hiring manager's email address and phone number), or my servicing RA Coordinator at (insert servicing RA Coordinator's email address and phone number).

(Insert Hiring Manager's Signature Block)

Copy to:

RA Coordinator for (insert name of RA Coordinator for matched vacancy)
RA Coordinator for (insert name of servicing RA Coordinator)

**Attachment 22: Job Search Efforts Conducted by Human Resources Office (HRO)
Specialist**

Date Search Initiated: _____

Name of Employee: _____

Position of Record: _____

In the space provided below, list the vacant positions examined, to include those that the HRO anticipates will become vacant in the next 60 calendar days, by title, series, grade level and as much other identifying information as possible. Annotate next to each vacancy whether or not the employee is qualified for placement into the position, and if not qualified, explain why. Provide a specific, clear and individualized reason why the employee was not qualified (e.g., state the requirement, why the employee failed to meet that requirement and what documents were used to make the assessment).

Job Title	Pay Plan/ Series/Grade	RPA or Announcement Number	Location	Qualified/Not Qualified (N/NQ)	Reason for NQ

If a vacancy is identified, complete the below information: (note that the job search would state that the employee is qualified, as shown above)

Employee placed into (job title, pay plan/series/grade): _____

Effective date of placement: _____

If a vacancy is NOT identified, complete the below information: (note that the job search would state not qualified, as shown above)

Outcome of job search: _____

Date job search terminated: _____

Name of HRO Specialist(s) conducting search: _____

HRD concurrence of search: _____

Attachment 23: Human Resources Director (HRD) Certification of Job Search
Efforts

(Insert Date)

MEMORANDUM FOR THE RECORD

Subj: Review of (Insert Organization Name) Search of Vacant Positions

Ref: (a) 29 CFR 1630
(b) Department of the Navy (DON) Program Manual for Reasonable Accommodation (RA)
(c) Reassignment Elections document dated (insert date)
(d) Résumé for (insert employee name)
(e) Preliminary Qualifications Worksheet dated (insert date)

Encl: (1) Job Search Efforts Conducted By HRO Specialist (insert date)
(2) Active Reasonable Accommodation List (ARAL) Results dated (insert date) (if applicable)
(3) Non-Placement Determination Letters

1. In accordance with reference (a), reassignment to a vacant position is a form of RA, and is provided to an employee, who, because of a disability, can no longer perform the essential functions of their current position, with or without an RA. Reference (b) establishes the DON's procedures for identifying and placing employees into vacant positions for reassignment as an RA.

2. Reference (b) requires that the servicing Human Resources Director (HRD) review the sufficiency of the job search to ensure that the organization has considered placement into a vacant position for which the employee is minimally qualified. After reviewing references (c) through (e), and enclosure (1), I have determined that the HRO sufficiently searched for vacant positions within the parameters identified in references (c) and (e); however, there were no positions identified into which the employee could be placed. (If applicable, insert the following: In addition, per enclosure (2), a DON-wide search for vacancies was conducted, and there were no positions identified for which the employee could be placed.)

3. If you have any questions regarding this review, you may contact me at (insert HRD email address and phone number).

(Insert HRD Signature Block)

Copy to:
(Insert parties with a need-to-know)

Attachment 24: Reassessment of Approved Reasonable Accommodation Request
Letter

(Insert Date)

From: (Insert Supervisor's Name and Title)

To: (Insert Requestor's Name and Title)

Subj: Reassessment of Approved Reasonable Accommodation Request

1. On (insert RA request approval date), your request for reasonable accommodation (RA) was approved for the following accommodation(s): (insert approved accommodation(s)).
2. On (insert date), (insert specific reason and circumstances surrounding the reassessment; either that the RA that was granted is not effective, the employee's limitations have changed, or the position's essential functions have changed). (Insert a description of any interactive discussions that took place with the employee). As a result of our interactive discussion, I have reassessed your previously approved RA request. The outcome of this assessment is (insert outcome of the reassessment: that a different accommodation that has been deemed effective will be provided; that the circumstances surrounding the original RA request have significantly changed, which requires new medical documentation/documentation of essential functions, etc.)
3. Please be advised that if your need for RA changes or is different from what is identified above, please notify me immediately. If you have any questions or concerns regarding your accommodation, please do not hesitate to contact me or (insert name of RA Coordinator).

(Insert Supervisor's Name/Signature block)

Copy to:

(Insert parties with a need-to-know)

Employee's signature

Date

Attachment 25: Resources and Technical Guidance on Reasonable Accommodation and Related Topics

This document intends to provide additional information regarding reasonable accommodation and related topics for parties involved in reasonable accommodation processing, for supervisors and hiring managers, and for employees/applicants requesting reasonable accommodation. This document serves as a guide and is not an exhaustive list; therefore, individuals involved in accommodation issues are encouraged to conduct research to find the latest information.

ADA National Network

The ADA National Network provides information, guidance, and training on the Americans with Disabilities Act (ADA) in order to support the mission of the ADA to “assure equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” ADA National Network is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research, and consists of 10 Regional ADA centers located throughout the United States and an ADA Knowledge Translation Center.

ADA National Network website: <https://adata.org/> Phone: 1-800-949-4232

Computer/Electronic Accommodations Program (CAP)

CAP is a centrally-funded program within the Department of Defense (DoD) that provides assistive technology and reasonable accommodations to individuals with disabilities and wounded Service members. Various accommodation solutions may be requested from CAP and provided to the user free of charge to the Department of the Navy. CAP also offers in-person and online training videos, as well as outreach materials to its customers and to the public.

CAP website: <https://www.cap.mil>

CAP Main Office:

4800 Mark Center Drive, Suite 05E22 Alexandria, VA 22350

(833) 227-3272 or (703) 614-8416 (Voice)

(571) 384-5629 (Videophone) (703) 697-5851 (Fax) cap@mail.mil (Email)

CAP Technology & Evaluation Center (CAPTEC): The Pentagon
Room 2D1049

(703) 693-5160 (Voice)

cap.capttec@mail.mil (Email)

Employer Assistance Resource Network (EARN) on Disability Inclusion

EARN is a free resource that helps private and public sector employers tap into the benefits of disability diversity through education, outreach and online support. EARN is funded by the U.S. Department of Labor's Office of Disability Employment Policy (ODEP).

EARN website: <https://askearn.org/>

Equal Employment Opportunity Commission

The EEOC is an independent federal agency that is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's disability. EEOC provides leadership and guidance to federal agencies through training, technical assistance, and educational materials. Below is a non-exhaustive list of links to various EEOC documents related to disability topics:

- [Disability Discrimination](https://www.eeoc.gov/disability-discrimination): <https://www.eeoc.gov/disability-discrimination>
- [Employer-Provided Leave and the Americans with Disabilities Act](https://www.eeoc.gov/laws/guidance/employer-provided-leave-and-americans-disabilities-act): <https://www.eeoc.gov/laws/guidance/employer-provided-leave-and-americans-disabilities-act>
- [Pandemic Preparedness in the Workplace and the Americans with Disabilities Act](https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act): <https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act>
- [Job Applicants and the Americans with Disabilities Act](https://www.eeoc.gov/laws/guidance/job-applicants-and-ada): <https://www.eeoc.gov/laws/guidance/job-applicants-and-ada>
- [Work from Home/Telework as a Reasonable Accommodation](https://www.eeoc.gov/laws/guidance/work-hometelework-reasonable-accommodation): <https://www.eeoc.gov/laws/guidance/work-hometelework-reasonable-accommodation>
- [Applying Performance and Conduct Standards to Employees with Disabilities](https://www.eeoc.gov/laws/guidance/applying-performance-and-conduct-standards-employees-disabilities): <https://www.eeoc.gov/laws/guidance/applying-performance-and-conduct-standards-employees-disabilities>
- [EEOC Efforts for Veterans with Disabilities](https://www.eeoc.gov/laws/guidance/eeoc-efforts-veterans-disabilities): <https://www.eeoc.gov/laws/guidance/eeoc-efforts-veterans-disabilities>
- [Questions and Answers: The EEOC's Final Rule on Affirmative Action for People with Disabilities in Federal Employment](https://www.eeoc.gov/laws/guidance/questions-answers-eeocs-final-rule-affirmative-action-people-disabilities-federal): <https://www.eeoc.gov/laws/guidance/questions-answers-eeocs-final-rule-affirmative-action-people-disabilities-federal>
- [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws): <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>
- [Questions and Answers on the Final Rule Implementing the ADA Act Amendments Act of 2008](https://www.eeoc.gov/laws/guidance/questions-and-answers-final-rule-implementing-ada-amendments-act-2008): <https://www.eeoc.gov/laws/guidance/questions-and-answers-final-rule-implementing-ada-amendments-act-2008>
- [Obtaining and Using Employee Medical Information as Part of Emergency Evacuation Procedures](https://www.eeoc.gov/laws/guidance/obtaining-and-using-employee-medical-information-part-emergency-evacuation-procedures): <https://www.eeoc.gov/laws/guidance/obtaining-and-using-employee-medical-information-part-emergency-evacuation-procedures>
- [Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act](https://www.eeoc.gov/laws/guidance/enforcement-guidance-reasonable-accommodation-and-undue-hardship-under-ada): <https://www.eeoc.gov/laws/guidance/enforcement-guidance-reasonable-accommodation-and-undue-hardship-under-ada>

- [Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees Under the ADA](https://www.eeoc.gov/laws/guidance/enforcement-guidance-disability-related-inquiries-and-medical-examinations-employees): <https://www.eeoc.gov/laws/guidance/enforcement-guidance-disability-related-inquiries-and-medical-examinations-employees>
- [Questions and Answers: Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act](https://www.eeoc.gov/laws/guidance/questions-and-answers-enforcement-guidance-disability-related-inquiries-and-medical-examinations-employees): <https://www.eeoc.gov/laws/guidance/questions-and-answers-enforcement-guidance-disability-related-inquiries-and-medical-examinations-employees>

Job Accommodation Network (JAN)

JAN is a free resource for employers, employees and job seekers funded by the U.S. Department of Labor's Office of Disability Employment Policy, which provides guidance on workplace accommodations and disability employment issues. Assistance is available over the phone and online.

[JAN](https://askjan.org/) website: <https://askjan.org/>
(800) 526-7234 (Voice); (877) 781-9403 (TTY)

National Council on Disability (NCD)

The NCD is an independent federal agency created in 1978 that is committed to disability policy leadership. The NCD is charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities.

[NCD](https://ncd.gov/) website: <https://ncd.gov/>

United States Access Board

The U.S. Access Board is an independent federal agency devoted to accessibility for people with disabilities. Key responsibilities of the Board include: developing and maintaining accessibility requirements for the built environment, transit vehicles, telecommunications equipment, and for electronic and information technology; providing technical assistance and training on these guidelines and standards; and enforcing accessibility standards for federally-funded facilities.

[U.S. Access Board](http://www.access-board.gov) website: <http://www.access-board.gov>