

ENCLOSURE 3

**DEFENSE SECURITY SERVICE
REQUEST FOR REASONABLE ACCOMMODATION**

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 13164; 29 U.S.C., Section 791, et. seq.; 42 U.S.C., Sections 12101, et. seq., 12201-12204, and 12210; 29 C.F.R., Part 1630.

PRINCIPAL PURPOSE(S): To collect personal information from an employee/applicant to assist with a request for reasonable accommodation and collection of required statistical data regarding requests for reasonable accommodation.

ROUTINE USE(S): To the Department of Defense and EEOC in instances where an employee/applicant requests a reasonable accommodation.

DISCLOSURE AND EFFECT ON THE INDIVIDUAL OF NOT PROVIDING INFORMATION: Voluntary; however, failure to provide the requested information may hinder the ability to provide a complete or adequate reasonable accommodation.

Applicant or Employee complete sections 1-3

1. Employee Applicant (check one)

2. Name: _____ Signature: _____ Date: _____

If you are completing for employee/applicant, provide your name, address & telephone and relationship to employee/applicant:

Employee/Applicant Work Telephone Number

Employee/Applicant Office & Address

Employee/Applicant Home Telephone Number

Employee/Applicant Home Address

Employee/Applicant Series/Grade Level

Initial Date of Request for Accommodation

2. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED. (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, removal of architectural barrier, modified work schedule).

(Attach Additional Information if Necessary)

3. REASON FOR REQUEST.

a. Do you have a disability? Yes No

b. Are you providing medical documentation to support your request? Yes No

c. Identify the reason for requesting a reasonable accommodation (check all applicable)

Application Process

Performing Job Functions or Accessing the Work Environment

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

d. State the reason for the specific accommodation (e.g. include how the accommodation would have a positive effect upon the ability to perform your job, enjoy job-related benefit or privilege available to all, or enable you to participate in the hiring process):

(Attach Additional Information if Necessary)

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Deciding Official complete section 4-7		
4. Deciding Official Name:	Signature:	Date:
Office & Address	Telephone Number	
Date of Initial Request for Accommodation	Date Enclosure (2) Received	
5. Deciding Official:		
a. Is the employee/applicant a qualified individual with a disability?	Yes _____	No _____
b. Is the requested accommodation a reasonable accommodation?	Yes _____	No _____
c. Will the accommodation have a positive effect on the ability for the employee to perform her/his job or enjoy a benefit or privilege available to all; or, will the accommodation allow the applicant to fully participate in the hiring process?	Yes _____	No _____
d. Can this accommodation be provided by the Computer/Electronic Accommodation Program (CAP)?	Yes _____	No _____
e. Did you obtain assistance from any other organization in trying to identify other accommodations? If so, please list resource(s) used:	Yes _____	No _____
f. Was a request for medical documentation made?	Yes _____	No _____
(i) If so, when was the request provided to the employee/applicant? _____		
(ii) When was the medical documentation provided to you? _____		
g. When did you notify the employee/applicant regarding a decision of this request? _____		
h. If this request was referred to you by anyone else in the agency, did s/he forward the request within five calendar days?	Yes _____	No _____
If not, when did you receive the request? _____		
If not, who was that individual? _____ (name/phone)		
i. Please explain any time delays (e.g., accommodation request was time sensitive or it took longer than 30 calendar days to make a decision):		
6. _____ Approved (provide original of this form and any additional documentation collected to EEO office & copy of this form to Employee/Applicant)		
_____ Denied (Attach original of this form and Notice of Denial (DSS 237) and provide original forms and any additional documentation collected to the EEO office and provide copies of both forms to Employee/Applicant and/or requestor)		
7. Date Reasonable Accommodation provided to Employee/Applicant: _____		
(If this is unknown, provided estimated date and ensure the EEO office receives actual completion date – do not delay in processing this request while waiting for the accommodation to be provided. If the delay exceeds your estimate, you must inform the EEO office of such delay).		
If providing a reasonable accommodation was delayed, did you:		
_____ provide temporary measures?		
_____ provide an accommodation on a temporary basis?		
Please explain any delays in providing the agreed upon accommodation:		