SEEM Tracking Number:

<table>
<tr><td colspan="2">DCNG REASONABLE ACCOMMODATION EQUEST FORM
CONFIDENTIAL</td></tr>
<tr><td>Employee/Applicant Name:</td><td>Job Title/Job Announcement:</td></tr>
<tr><td>Phone:
Email:</td><td>Duty Assignment/Location:</td></tr>
<tr><td>Employee
Applicant</td><td>Request Date:</td></tr>
<tr><td colspan="2">My disability/functional limitation is:</td></tr>
<tr><td colspan="2">My disability/functional limitation prevents me from performing the following activities:</td></tr>
<tr><td colspan="2">The accommodation I am requesting is: *(Describe the type of accommodation, suggestions for work site or exam site modification or specific job duties that may be restricted to facilitate you employment or participation, and the details of how or where the accommodation (if purchasable) may be obtained, including the cost if known)*</td></tr>
<tr><td colspan="2">This accommodation will allow me to perform the functions of my job or participate in the application/selection process as follows: *(Describe how the accommodation will assist you)*</td></tr>
<tr><td colspan="2">I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE MEDICAL DOCUMENTATION FROM MY HEALTH CARE PROVIDER AS PART OF THIS PROCESS. DOCUMENTATION MUST CONTAIN: 1) NATURE, SEVERITY AND DURATION OF THE EMPLOYEE'S IMPAIRMENT; 2) ACTIVITY OR ACTIVITIES THAT THE IMPAIRMENT LIMITS; 3) EXTENT TO WHICH THE IMPAIRMENT LIMITS THE EMPLOYEE'S ABILITY TO PERFORM THE ACTIVITY OR ACTIVITIES; 4) WHY THE EMPLOYEE REQUIRES A RA OR THE PARTICULAR RA REQUESTED, AS WELL HOW THE RA WILL ASSIST THE INDIVIDUAL TO APPLY FOR A JOB, PERFORM ESSENTIAL FUNCTIONS OF THE JOB, OR ENJOY A BENEFIT OF THE WORKPLACE.</td></tr>
<tr><td>Signature</td><td>Date</td></tr>
</table>

DCNG REASONABLE ACCOMMODATION EQUEST FORM

CONFIDENTIAL

Supervisor/Director/Commander:	Job Title:
Phone: Email:	Duty Assignment/Location:

Describe disability and functional limitations:

List essential functions of position and indicate whether the employee can perform the function with the requested accommodation:

Essential Functions:	Perform w/Accommodation:		
1.	YES	NO	N/A
2.	YES	NO	N/A
3.	YES	NO	N/A
4.	YES	NO	N/A
5.	YES	NO	N/A
6.	YES	NO	N/A

*Select N/A if accommodation not necessary to perform the function

DCNG Medical Provider coordination/review:

Was complete medical documentation provided YES NO

If NO was selected, specify what was deficient in the medical documentation:

Signature of medical reviewing official:

State Equal Employment Opportunity Manager (SEEM) coordination/review: *(specify if accommodation complies with the Rehabilitation Act and other applicable laws and reasonable accommodation requirements and make recommendations as needed under the circumstances to ensure compliance)*

Recommendation: Concur Non-Concur Signature of SEEM:

Labor Relations Specialist (LRS) coordination/review:

Recommendation: Concur Non-Concur Signature of LRS:

Director, Human Resource Office (HRO) coordination/review:

Recommendation: Concur Non-Concur Signature of HRO:

DCNG REASONABLE ACCOMMODATION EQUEST FORM
CONFIDENTIAL

Supervisor/Director/Commander recommendation: APPROVE MODIFY DENY
Basis of decision:

Signature:

Approving Authority decision on the reasonable accommodation request:

APPROVED MODIFIED DENIED

Approved Accommodation: (specify)

Modified/Alternative Accommodation: (specify)

Reason(s) for denial of reasonable accommodation request:

The individual did not provide documentation of a disability that substantially limits a major life activity.

The requested accommodation is ineffective; will not enable individual to perform the essential functions of the position.

The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.

The accommodation request will:

Create undue administrative burden.

Create undue impact on operations.

Fundamentally alter the nature or operations of the facility/agency.

Require lowering of current performance standard(s)

An effective accommodation that would not pose an undue hardship to the facility/agency was offered, but was rejected by the individual.

Approving Official Signature:

DCNG REASONABLE ACCOMMODATION EQUEST FORM **CONFIDENTIAL**	
Employee/individual acknowledgement and rights: I hereby acknowledge receipt of my RA request final determination. I understand that I can appeal the decision, in writing, through the Informal Resolution Process, within ten (10) work days to the Commanding General, DCNG. I also have the right to file an EEO complaint, within forty five (45) days of the denial, with the State Equal Employment Manager (SEEM) or directly with the EEOC. There is no requirement to utilize the Informal Resolution Process before contacting the SEEM or before filing an EEOC complaint.	
Employee/Applicant Name:	Employee/Applicant Signature: