

# Standard Operating Procedure (SOP)

## REASONABLE ACCOMODATIONS (RA)

Number 1350.02  
2 October 2017

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Texas Military Department (TMD)  
2200 W. 35<sup>th</sup> St  
Austin, TX 78703

OPR: Equal Opportunity/Equal Employment Opportunity  
(EO/EEO)

Official  
KATHERINE M. BROWN  
CW4, AG USA  
SIG - Policy



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**Summary.** Provides information and procedures to the Texas Military Department (TMD) employees, and applicants as it pertains to reasonable accommodation to qualified employees. The Federal Government may provide you with a reasonable accommodation based on appropriate requests (unless doing so will result in undue hardship to the agency)

**Applicability.** This SOP applies to current TMD Personnel, TMD personnel on a valid State Active Duty Mission, and Personnel who may be applying for a non-dual status position within the TMD.

**Management Control Process.** NA

**Proponent and Exception Authority.** Exception authority for this SOP rests with EO/EEO, PO Box 5218, Austin, TX 78763-5218.

**Supplementation.** Supplementation of this SOP or establishment of command and local forms on telework is prohibited without prior approval from the Strategic Initiatives Group (SIG), P.O. Box 5218, Austin, TX 78763-5218.

**Suggested Improvements.** Users are invited to send comments and suggested improvements concerning this SOP directly to Strategic Initiatives Group (SIG), P.O. Box 5218, Austin, TX 78763-5218.

**Distribution.** A

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**1. Purpose.** Establishes procedures to implement the Reasonable Accommodations Program within TMD, to ensure compliance with statutory and regulatory requirements.

**2. References.**

- a. Executive Order (EO) 13164
- b. Americans with Disabilities Act of 1990 (ADA)
- c. Americans with Disabilities Amendments Act of 2008 (ADAA)
- d. Rehabilitative Act of 1973, Section 504

**3. Responsibilities.**

- a. Employee/Designated Representative.

(1) Initiate the request for RA utilizing Reasonable Accommodation Request (TMD form 557).

(2) Provide documentation as necessary to assist the Disability Program Manager/State Equal Employment Manager (DPM/SEEM) to make determination.

(3) Notify supervisor/DPM/SEEM of any change in condition requiring RA.

- b. Supervisor/Supervisory Chain.

(1) Complete RA Supervisor Review form (TMD form 557-2) and submit within 72 hours, or three (3) business days.

(2) Conduct a thorough review of the individual's essential functions and make an RA recommendation.

(3) Ensure approved RA is implemented.

- c. DPM/SEEM.

(1) Process RA requests.

(2) Contact applicant or employee within 10 business days of receipt to begin RA request discussion. If RA is requested by a third party, confirm with the employee.

(3) Consult with employee's supervisory chain to gather relevant information necessary to respond to a RA request.

(4) Request medical documentation as necessary to determine applicant/employee eligibility for RA.

(5) Determine if individual's impairment is a "disability" under the Rehabilitation Act.

(6) Complete Confirmation of RA request (TMD form 557-1).

(7) Complete Resolution of RA request (TMD form 557a).

(8) Complete RA Information Reporting Form (TMD form 557b).

**4. Reasonable Accommodations Process.** Generally, an applicant or employee must let their supervisor know that they need an adjustment or change concerning some aspect of the application process, the job, or a benefit of employment for a reason related to a medical condition. An **applicant or employee** may request a RA at any time, **orally or in writing**. An individual should request a RA from the DPM/SEEM. For applicants, information about contacting the DPM/SEEM will be in the vacancy announcement and the letter of appointment.

#### **4.1A. Requesting Reasonable Accommodations:**

a. If an employee makes an RA request to someone other than the DPM/SEEM, such as their supervisor, office director, etc. these supervisors/managers should forward the request to the DPM/SEEM immediately and must do so within 5 business days. **The RA process begins as soon as the oral or written request for accommodation is made to any supervisor or director in an employee's chain of command, so it is imperative that the request be forwarded to the DPM/SEEM within 5 business days.**

b. An individual's receipt or denial of an accommodation does not prevent the individual from making another request at a later time if circumstances change and they believe that an accommodation is needed due to limitations from a disability (e.g., the disability worsens or an employee is assigned new duties that require an additional or different RA). Additionally, the DPM/SEEM may not refuse to process a request for reasonable accommodation, and a reasonable accommodation may not be denied, based on a belief that the accommodation should have been requested earlier (e.g., during the application process).

c. A request does not have to include any special words, such as "reasonable accommodation," "disability," or "Rehabilitation Act." A request is any communication in which an individual asks or states that they need TMD to provide or to change something because of a medical condition. A supervisor, manager, or the DPM/SEEM should ask an individual whether they are requesting an RA if the nature of the initial communication is unclear.

d. A **family member, health professional, or other representative** may request an accommodation on behalf of a TMD employee or applicant. For example, a doctor's note outlining medical restrictions for an employee constitutes a request for RA.

e. When an individual (or third party) makes an **oral request**, the DPM/SEEM must ensure that the **"Confirmation of Request" form TMD 577-1** is filled out (see Appendix A). The DPM/SEEM must fill out the form if the requestor does not.

f. An employee needing RA on a recurring basis, such as the assistance of a sign language interpreter, must submit the "Confirmation" form only for the first request. However, the employee must give appropriate advance notice each subsequent time the accommodation is needed. If the accommodation is needed on a regular basis (e.g., a weekly staff meeting), the DPM/SEEM should ensure that an employee's supervisor makes the appropriate arrangements without requiring a request in advance of each occasion. (See Appendix D for information on requesting sign language interpreters.)

#### **4.1B. Processing the Request.**

a. The DPM/SEEM is responsible for processing requests for RA. The Director of Human Resources Office (HRO) will designate another HRO staff member to act as a back-up for the DPM/SEEM to process requests when the DPM/SEEM is unavailable for any length of time.

b. While the DPM/SEEM has responsibility for processing requests for RA, the DPM/SEEM may work closely with an employee's supervisor or office director in responding to the request, particularly those involving performance of the duties and essential functions. The DPM/SEEM will need to consult with an employee's supervisor and/or office director to gather relevant information necessary to respond to a request and to assess whether a particular accommodation will be effective. No RA involving performance of duties will be provided without first informing an employee's supervisor or, as appropriate, an office director.

#### **4.2 The Interactive Process:**

a. After a request for RA has been made, the next step is for the parties to begin the interactive process to determine what, if any, accommodation should be provided. This means that the individual requesting the accommodation and the DPM/SEEM must communicate with each other about the request, the precise nature of the problem that is generating the request, how a disability is prompting a need for an accommodation, and alternative accommodations that may be effective in meeting an individual's needs.

b. The DPM/SEEM will contact the applicant or employee within 10 business days after the request is made (even if the request is initially made to someone else) to begin discussing the accommodation request. In some instances, the DPM/SEEM may need to get information to determine if an individual's impairment is a "disability" under the Rehabilitation Act or to determine what would be an effective accommodation. Such information may not be necessary if an effective accommodation is obvious, if the disability is obvious (e.g., the requestor is blind or has paraplegia) or if the disability is already known to TMD (e.g., the requestor previously asked for an accommodation and information submitted at that time showed a disability existed and that there would be no change in the individual's medical condition).

c. Communication is a priority throughout the entire process, but particularly where the specific limitation, problem, or barrier is unclear; where an effective accommodation is not obvious; or where the parties are considering different forms of reasonable accommodation. Both the individual making the request and the decision maker should work together to identify effective accommodations. Appendix F lists some suggested resources for identifying accommodations.

d. When a third party requests accommodation on behalf of an applicant or employee, the DPM/SEEM should, if possible, confirm with the applicant or employee that they want a RA before proceeding. Where this is not possible, for example, because the employee has been hospitalized in an acute condition, the DPM/SEEM will process the third party's request if it seems appropriate (e.g., by granting immediate leave) and will consult directly with the individual needing the accommodation as soon as practicable.

e. The DPM/SEEM may need to consult with other TMD personnel (e.g., an employee's supervisor, G6 staff) or outside sources to obtain information necessary to make a

determination about the request. All agency personnel must give a high priority to responding quickly to a DPM/SEEM's request for information or assistance in order to meet mandatory time frames.

f. The following applies to reassignment consideration within the interactive process when an employee needs, or may require a reassignment.

(1) Reassignment will only be considered if no accommodations are available to enable the individual to perform the essential functions of his or her current job, or if the only effective accommodation would cause undue hardship.

(2) In considering whether there are positions available for reassignment, the DPM/SEEM will work with both the HRO and the employee requesting the reassignment to identify: Vacant positions within the agency for which the employee may be qualified, with or without reasonable accommodation; and positions which HRO has identified as becoming vacant within 60 days from the date the search is initiated and for which the employee may be qualified.

*EXAMPLE: If a search begins on May 1, then the DPM/SEEM will inquire about any positions that are currently vacant or will become vacant between May 1 and June 30. The DPM/SEEM does not have to hold open the search until July 1; if he/she finishes the search on May 15 and learns that no vacancies are currently available or anticipated by June 30, the search is over and the results should be conveyed to the employee.*

(3) Reassignment may be made to a vacant position outside of the employee's commuting area if the employee is willing to relocate. As with other transfers not required by management, TMD will not pay for the employee's relocation costs.

**4.3 Request for Medical Information.** If a requestor's disability and/or need for accommodation are not obvious or already known, TMD (specifically the DPM/SEEM) is entitled to ask for and receive medical information showing that the requestor has a covered disability that requires RA. A disability is obvious or already known when it is clearly visible or the individual previously provided medical information showing that the condition met the Rehabilitation Act definition. It is the responsibility of the applicant/employee to provide appropriate medical information requested by TMD where the disability and/or need for accommodation are not obvious or already known.

a. Only the DPM/SEEM may determine whether medical information is needed and, if so, may request such information from the requestor and/or the appropriate health professional. Even if medical information is needed to process a request, the DPM/SEEM does not necessarily have to request medical documentation from a health care provider; in many instances the requestor may be able to provide sufficient information that can substantiate the existence of a "disability" and/or need for a RA. If an individual has already submitted medical documentation in connection with a previous request for accommodation, the individual should immediately inform the DPM/SEEM of this fact. The DPM/SEEM will then determine whether additional medical information is needed to process the current request.

b. If the initial information provided by the health professional or volunteered by the requestor is insufficient to enable the DPM/SEEM to determine whether the

individual has a “disability” and/or that an accommodation is needed, the DPM/SEEM will explain what additional information is needed. If necessary, the individual should then ask their health care provider or other appropriate professional to provide the missing information. The DPM/SEEM may also give the individual a list of questions to give to the health care provider or other appropriate professional to answer. If sufficient medical information is not provided by the individual after several attempts, the DPM/SEEM may ask the individual requesting accommodation to sign a limited release permitting the DPM/SEEM to contact the provider for additional information.

c. The DPM/SEEM may have the medical information reviewed by a doctor of the agency’s choosing, at the agency’s expense. In determining whether documentation is necessary to support a request for RA and whether an applicant or employee has a disability within the meaning of the Rehabilitation Act, the DPM/SEEM will be guided by principles set forth in the ADAA of 2008. Specifically, the ADAA directs that the definition of “disability” be construed broadly and that the determination of whether an individual has a “disability” generally should not require extensive analysis. Notwithstanding, the DPM/SEEM may require medical information in order to design an appropriate and effective accommodation.

d. A supervisor or office director who believes that an employee may no longer need a RA should contact the DPM/SEEM. The DPM/SEEM will decide if there is a reason to contact the employee to discuss whether he/she has a continuing need for RA.

**4.4 Confidentiality.** Under the Rehabilitation Act, medical information obtained in connection with the RA process must be kept confidential. This means that all medical information that TMD obtains in connection with a request for RA must be kept in files separate from the individual’s personnel file. This includes the fact that an accommodation has been requested or approved and information about functional limitations. It also means that any TMD employee who obtains or receives such information is strictly bound by these confidentiality requirements.

a..The DPM/SEEM may share certain information with an employee’s supervisor or other agency official(s) as necessary to make appropriate determinations on a RA request. Under these circumstances, the DPM/SEEM will inform the recipients about these confidentiality requirements. The information disclosed will be no more than is necessary to process the request. In certain situations, the DPM/SEEM will not necessarily need to reveal the name of the requestor and/or the office in which the requestor works, or even the name of the disability.

*EXAMPLE: The G6 generally will be consulted in connection with requests for assistive technology for computers. While the G6 needs to know the employee’s functional limitations, it typically has no need to know the employee’s specific disability.*

b. In addition to disclosures of information needed to process a request for accommodation, other disclosures of medical information are permitted as follows:

(1) Supervisors and managers are entitled to whatever information is necessary to implement restrictions on the work or duties of the employee or to provide a reasonable accommodation.

(2) First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or assistance in evacuation. Government officials may be given information necessary to investigate the agency's compliance with the Rehabilitation Act.

**4.5 Timeframe for Processing RA Requests.** The time frame for processing a request (including providing accommodation, if approved) is as soon as possible but no later than 30 business days from the date the request is made. This 30-day period includes the 10-day time frame in which the DPM/SEEM must contact the requestor after a request for RA is made.

a. TMD will process requests and, where appropriate, provide accommodations in as short a period as reasonably possible. The time frame above indicates the maximum amount of time it should generally take to process a request and provide a RA. The DPM/SEEM will strive to process the request and provide an accommodation sooner, if possible. Unnecessary delays can result in a violation of the Rehabilitation Act.

b. The time frame begins when an oral or written request for RA is made, and not necessarily when it is received by the DPM/SEEM. Therefore, everyone involved in processing a request should respond as quickly as possible. This includes referring a request to the DPM/SEEM, contacting a doctor if medical information or documentation is needed, and providing technical assistance to the DPM/SEEM regarding issues raised by a request (e.g., information from a supervisor regarding the essential functions of an employee's position, information from the G6 regarding compatibility of certain adaptive equipment with TMD's technology).

c. If the DPM/SEEM must request medical information or documentation from a requestor's doctor, the time frame will stop on the day that the DPM/SEEM makes a request to the individual to obtain medical information or sends out a request for information / documentation. It will resume on the day that the information or documentation is received by the DPM/SEEM.

d. If the disability is obvious or already known to the DPM/SEEM, if it is clear why RA is needed, and if an accommodation can be provided quickly, then the DPM/SEEM should not require the full 30 business days to process the request. The following are examples of situations where the disability is obvious or already known and an accommodation can be provided in less than the allotted time frame:

(1) An employee with insulin-dependent diabetes who sits in an open area asks for three breaks a day to test his/her blood sugar levels in private.

(2) An employee with clinical depression who takes medication which makes it hard for them to get up in time to get to the office at 9:00 a.m., requests that they be allowed to start work at 10:00 a.m. and still work an eight and a half hour day.

(3) A supervisor distributes a detailed agenda at the beginning of each staff meeting. An employee with a serious learning disability asks that the agenda be distributed ahead of time because their disability makes it difficult to read quickly and he/she needs more time to prepare.

**4.5A. Expedited Processing of a Request:** In certain circumstances, a request for RA requires an expedited review and decision. This includes where a RA is needed:

a. To enable an applicant to apply for a job. Depending on the timetable for receiving applications, conducting interviews, taking tests, and making hiring decisions, there may be a need to expedite a request for RA to ensure that an applicant with a disability has an equal opportunity to apply for a job.

b. To enable an employee to attend a meeting scheduled to occur soon. For example, an employee may need a sign language interpreter for a meeting scheduled to take place in 5 days.

**4.5B. Extenuating Circumstances:** These are circumstances that could not reasonably have been anticipated or avoided in advance of the request for accommodation, or that are beyond TMD's ability to control. When extenuating circumstances are present, the time for processing a request for RA and providing the accommodation will be extended as reasonably necessary. Extensions will be limited to circumstances where they are absolutely necessary and only for as long as required to deal with the extenuating circumstance.

**4.6 Resolution of the RA Request.** All decisions regarding a request for RA will be communicated to an applicant or employee by use of the "Resolution of Request" form (Appendix C), as well as orally.

a. If TMD grants a request for accommodation, the DPM/SEEM will give the "Resolution of Request" form to the requestor, and discuss implementation of the accommodation. The "Resolution" form must be filled out even if TMD is granting the request without determining whether the requestor has a "disability" and regardless of what type of change or modification is approved (e.g., TMD grants a three-month removal of an essential function, which is not a form of RA but nonetheless must be specified on the Resolution form).

(1) A decision to provide an accommodation other than the one specifically requested will be considered a decision to grant an accommodation. The form will explain both the reasons for the denial of the individual's specific requested accommodation and why TMD believes that the chosen accommodation will be effective.

(2) If the request is approved but the accommodation cannot be provided immediately, the DPM/SEEM will inform the individual in writing of the projected time frame for providing the accommodation.

(3) If TMD denies a request for accommodation, the DPM/SEEM will give the "Resolution" form to the requestor and discuss the reason(s) for the denial. When completing the "Resolution" form, the explanation for the denial will clearly state the specific reason(s) for the denial. This means that TMD cannot simply state that a requested accommodation is denied because of "undue hardship" or because it would be "ineffective." Rather, the form will state and the DPM/SEEM will explain specifically why the accommodation would result in undue hardship or why it would be ineffective.

(4) If there is a legitimate reason to deny the specific RA requested (e.g., the accommodation poses an undue hardship or is not required by the Rehabilitation Act), the DPM/SEEM will explore with the individual whether another accommodation would be possible. The fact that one accommodation proves ineffective or would cause undue hardship does not necessarily mean that this would be true of another accommodation. Similarly, if an employee requests removal of an essential function or some other action that is not required by law, the DPM/SEEM will explore whether there is a RA that will meet the employee's needs.

b. If the DPM/SEEM offers an accommodation other than the one requested, but the alternative accommodation is not accepted, the DPM/SEEM will record the individual's rejection of the alternative accommodation on the "Resolution" form.

**4.7. Informal Dispute Resolution:** Whenever possible and in accordance with the desires of the individual filing the complaint, the matter will be resolved in an informal setting. Informal resolution may include mediation when the parties agree. These mediation services may include consultation with the complainant and any other parties involved, either separately or jointly. Confidentiality in mediation shall be maintained.

a. TXANG/TXARNG/TXSG: An individual dissatisfied with the resolution of a RA request can ask the Director of HRO to reconsider that decision. An individual must request reconsideration within 10 business days of receiving the "Resolution" form. A request for reconsideration will not extend the time limits for initiating administrative, statutory, or collective bargaining claims. Submit request to:

Texas Military Department  
ATTN: Director, Human Resource Office  
P. O. Box 5218, Austin, Texas 78763

b. Office of the Executive Director: An individual with a qualified disability who alleges any violation of the ADA may file a written or verbal complaint with the following:

Texas Military Department  
Attn. ADA Coordinator, State Human Resources  
2200 West 35th, Austin, Texas 78703  
(512) 782-5133 (voice) or (512) 782-5669 (fax)  
1-800-RELAY-TX (TDD)

c. A complaint should be filed within 14 calendar days after the date of the most recent alleged unlawful practice or discriminatory act, or within 14 calendar days after the date the complainant was notified or became aware of the alleged violation. A complaint should contain the following information:

- (1) The name and address of the person filing it.
- (2) A description of the alleged violation of the ADA.
- (3) The date(s) of the alleged violation.
- (4) The name(s) of person(s) involved.
- (5) The outcome desired.

**4.8. Information Tracking and Reporting.** In order for TMD to ensure compliance with these Procedures and the Rehabilitation Act, the DPM/SEEM will complete the "Reasonable Accommodation Information Reporting" form (Appendix D) within 5 business days of issuing the decision.

a. These forms will be the basis of an annual report available to all employees that will provide a qualitative assessment of TMD's reasonable accommodation program, including any recommendations for improvement of TMD's RA SOP.

b. This annual report will not contain confidential information. This report will provide only general information, such as the total number of requests for accommodations, the types of accommodations requested, and the length of time taken to process requests.

## APPENDIX A

### Reasonable Accommodations Request Form (TMD Form 557)

**General.** The SEEM Office serves as TMD subject matter experts on RA request issues. Requests for assistance or information may be sent to [ng.tx.list.npc-access-ngtxeooo@mail.mil](mailto:ng.tx.list.npc-access-ngtxeooo@mail.mil)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <i>Texas Military Department</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <i>Equal Opportunity/Equal Employment Office</i> |
| <b>REASONABLE ACCOMMODATION REQUEST FORM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| Date of request: <u>28 Apr XX</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |
| Applicant or Employee's Name: <u>Smith, John</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
| Applicant or Employee's Phone Number: <u>(512) 782-XXXX</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |
| Office of Requesting Individual: <u>Human Resources Office</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |
| Accommodation Requested (be as specific as possible, eg., adaptive equipment, reader, interpreter, working space modification): <u>Work space accommodation - Adjustable Sit and Stand Workstation</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |
| Reason for the Request (if the accommodation is time sensitive, indicate this then explain):<br><u>Due to lower back pain - Physical therapist recommends alternating between sitting and standing to avoid inflammation</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| Log Number: <u>Assigned by the SEEM upon receipt</u><br>(Assigned by the Disability Program Manager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |
| <b>Privacy Act Statement</b><br>The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee. |                                                  |

**TMD Form 557**

Figure 1: Sample Completed TMD Form 577

## APPENDIX B

### Confirmation of Reasonable Accommodations Request Form

**General.** [TMD Form 557-1](#). This form is completed by the SEEM or designated representative. It is used only when a RA request is received from a third party (physician or family member); or when a RA request form has not been submitted.



Texas Military Department
Equal Opportunity/Equal Employment Office

| <b>CONFIRMATION OF REQUEST<br/>FOR REASONABLE ACCOMMODATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Date of request:</b> <u>28 Apr XX</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date Received:</b> <u>1 May XX</u> |
| <b>Applicant or Employee's Name:</b> <u>SMITH, JOHN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |
| <b>Applicant or Employee's Phone Number:</b> <u>(512) 782-XXXX</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |
| <b>Office of Employee:</b> <u>HUMAN RESOURCES OFFICE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |
| <b>Accommodation Requested</b> (be as specific as possible, eg., adaptive equipment, reader, interpreter, working space modification): <u>Work space accommodation - Adjustable Sit and Stand Workstation</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |
| <b>Reason for the Request (if the accommodation is time sensitive, indicate this then explain):</b><br><small>Diagnosed lower back pain - limitations imposed by Physical Therapist - alternate standing and sitting throughout the work day to relieve tension and pain .</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |
| <b>Log Number:</b> <u>Assigned by the SEEM</u><br>(Assigned by the Disability Program Manager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| <b>Privacy Act Statement</b><br><small>The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.</small> |                                       |

**TMD Form 557-1**  
 Figure 2: Sample TMD Form 557-1

1 March 2017

## APPENDIX C

### Reasonable Accommodations Supervisor Review Form

**General.** [TMD Form 557-2](#). This form is completed by the requestor's supervisor. It provides the supervisor an opportunity to identify the essential tasks/duties performed by the applicant/requestor and make an assessment on how the requested accommodation can/will impact the mission.



*Texas Military Department*

*Equal Opportunity/Equal Employment Office*

| <b>REASONABLE ACCOMMODATION SUPERVISOR REVIEW FORM</b>                                                                                                                                                                                                                    |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Date: <u>29 APR XX</u>                                                                                                                                                                                                                                                    |                                    |
| 1. Name of individual requesting reasonable accommodation: <u>SMITH, JOHN</u>                                                                                                                                                                                             |                                    |
| 2. Job Title (include occupational series and Pay Grade): <u>HUMAN RESOURCE SPECIALIST, GS-0201-09</u><br>Employee Duty Location: <u>AUSTIN, TX</u>                                                                                                                       |                                    |
| 3. Supervisor Contact Information:<br>Phone: <u>(512) 782-XXXX</u><br>Email: <u>JANE.M.DOE.MIL@MAIL.MIL</u>                                                                                                                                                               |                                    |
| 4. Describe disability and functional limitations: <u>Mr. Smith was diagnosed with bulging disks in the L4/L5 region which becomes inflamed with longer periods of sitting while at the computer</u>                                                                      |                                    |
| 5. Describe accommodations being requested and purpose for request: <u>Mr. Smith is recommended to modify his workspace by add-in the adjustable Height and weight. Purpose of this request is to identify and provided a reasonable accommodation.</u>                   |                                    |
| 6. List essential functions of the position and indicate whether the employee can perform the function with the requested accommodation:                                                                                                                                  |                                    |
| a. <u>Complete Personnel Actions in DCPDS</u>                                                                                                                                                                                                                             | <u>X</u> YES    ___ NO    ___ N/A* |
| b. <u>Complete duties as the Time Keeper</u>                                                                                                                                                                                                                              | <u>X</u> YES    ___ NO    ___ N/A* |
| c. <u>Attend meetings as required</u>                                                                                                                                                                                                                                     | <u>X</u> YES    ___ NO    ___ N/A* |
| d. _____                                                                                                                                                                                                                                                                  | ___ YES    ___ NO    ___ N/A*      |
| *Accommodation not necessary to perform this function. (Attach additional pages if necessary)                                                                                                                                                                             |                                    |
| 7. Was medical information provided? If yes, indicate by whom and identify who reviewed medical information.<br><u>Yes, medical information was provided. Received from Mr. Smith a copy of the physician's diagnosis and describing Mr. Smith's limitations.</u>         |                                    |
| 8. Describe steps taken to evaluate effectiveness and feasibility of requested accommodation.<br><u>Another employee in the section has an Adjustable Sit and Stand Workstation. When used adequately, Mr. Smith indicated pain was reduced and much more manageable.</u> |                                    |
| <u>WHITE, JAMES</u><br>Print Name (Supervisor)                                                                                                                                                                                                                            | _____<br>Signature/Date            |

## APPENDIX D

### Human Resources Officer Decision Form

**General.** [TMD Form 557-3](#). This form is completed by the HRO or his/her designated representative and must be completed for each RA request packet.



Texas Military Department
Equal Opportunity/Equal Employment Office

| <b>HUMAN RESOURCE OFFICER DECISION FORM</b>                                                                                                          |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Date: _____                                                                                                                                          |                                                                   |
| 1. Accommodation Request is: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Modified          |                                                                   |
| If APPROVED, indicate what accommodation will be provided. If MODIFIED, describe modification and provide reason. If DENIED, complete item 4 below.  |                                                                   |
| 2. APPROVED ACCOMMODATION: <u>Adjustable Sit and Stand Work station approved projected cost \$400</u>                                                |                                                                   |
| 3. REQUEST MODIFIED: _____<br>_____<br>_____                                                                                                         |                                                                   |
| 4. REQUEST DENIED: check reasons for denying the accommodation. (Check all that apply)                                                               |                                                                   |
| <input type="checkbox"/> The individual did not provide documentation of a disability that substantially limits a major life activity.               |                                                                   |
| <input type="checkbox"/> The requested accommodation is ineffective (will not enable individual to perform the essential functions of the position). |                                                                   |
| <input type="checkbox"/> The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.     |                                                                   |
| <input type="checkbox"/> The accommodation/modification request will:                                                                                |                                                                   |
| <input type="checkbox"/> create an undue administrative burden                                                                                       |                                                                   |
| <input type="checkbox"/> create an undue impact on operations                                                                                        |                                                                   |
| <input type="checkbox"/> fundamentally alter the nature or operation of the facility                                                                 |                                                                   |
| <input type="checkbox"/> require lowering of current performance standard(s)                                                                         |                                                                   |
| <input type="checkbox"/> An effective accommodation that would not pose an undue hardship was offered, but was rejected by the individual.           |                                                                   |
| HRO: MARTIN, ROBERT<br>_____<br>HRO Approval Authority (Print)                                                                                       | GARCIA, ESTHER<br>_____<br>State Equal Employment Manager (Print) |
| _____<br>Signature/Date                                                                                                                              | _____<br>Signature/Date                                           |

TMD Form 557-3  
Figure 4: Sample HRO Decision Form - Approved

1 March 2017



Texas Military Department

Equal Opportunity/Equal Employment Office

| <b>HUMAN RESOURCE OFFICER DECISION FORM</b>                                                                                                                 |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Date: _____                                                                                                                                                 |                                                                   |
| 1. Accommodation Request is:      ___ Approved <input checked="" type="checkbox"/> Denied      ___ Modified                                                 |                                                                   |
| If APPROVED, indicate what accommodation will be provided. If MODIFIED, describe modification and provide reason. If DENIED, complete item 4 below.         |                                                                   |
| 2. APPROVED ACCOMMODATION: _____                                                                                                                            |                                                                   |
| 3. REQUEST MODIFIED: _____<br>_____<br>_____                                                                                                                |                                                                   |
| 4. REQUEST DENIED: check reasons for denying the accommodation. (Check all that apply)                                                                      |                                                                   |
| ___ 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).                             |                                                                   |
| <input checked="" type="checkbox"/> The individual's disability/limitations do not prevent him/her from performing the essential functions of the position. |                                                                   |
| ___ The accommodation/modification request will:                                                                                                            |                                                                   |
| ___ create an undue administrative burden                                                                                                                   |                                                                   |
| ___ create an undue impact on operations                                                                                                                    |                                                                   |
| ___ fundamentally alter the nature or operation of the facility                                                                                             |                                                                   |
| ___ require lowering of current performance standard(s)                                                                                                     |                                                                   |
| ___ An effective accommodation that would not pose an undue hardship was offered, but was rejected by the individual.                                       |                                                                   |
| HRO: MARTIN, ROBERT<br>_____<br>HRO Approval Authority (Print)                                                                                              | GARCIA, ESTHER<br>_____<br>State Equal Employment Manager (Print) |
| _____<br>Signature/Date                                                                                                                                     | _____<br>Signature/Date                                           |

TMD Form 557-3

1 March 2017

Figure 5: Sample HRO Decision Form - Denied



Texas Military Department

Equal Opportunity/Equal Employment Office

| <b>HUMAN RESOURCE OFFICER DECISION FORM</b>                                                                                                         |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Date: _____                                                                                                                                         |                                                                   |
| 1. Accommodation Request is:      ___ Approved      ___ Denied <u> X </u> Modified                                                                  |                                                                   |
| If APPROVED, indicate what accommodation will be provided. If MODIFIED, describe modification and provide reason. If DENIED, complete item 4 below. |                                                                   |
| 2. APPROVED ACCOMMODATION: _____                                                                                                                    |                                                                   |
| 3. REQUEST MODIFIED: <u> Providing an ergonomic chair also provides an alternate solution to address the employee's disability</u>                  |                                                                   |
| _____                                                                                                                                               |                                                                   |
| _____                                                                                                                                               |                                                                   |
| _____                                                                                                                                               |                                                                   |
| 4. REQUEST DENIED: check reasons for denying the accommodation. (Check all that apply)                                                              |                                                                   |
| ___ 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/modification request will:                                                                                                    |                                                                   |
| ___ create an undue administrative burden                                                                                                           |                                                                   |
| ___ create an undue impact on operations                                                                                                            |                                                                   |
| ___ fundamentally alter the nature or operation of the facility                                                                                     |                                                                   |
| ___ require lowering of current performance standard(s)                                                                                             |                                                                   |
| ___ An effective accommodation that would not pose an undue hardship was offered, but was rejected by the individual.                               |                                                                   |
| HRO: MARTIN, ROBERT<br>_____<br>HRO Approval Authority (Print)                                                                                      | GARCIA, ESTHER<br>_____<br>State Equal Employment Manager (Print) |
| _____<br>Signature/Date                                                                                                                             | _____<br>Signature/Date                                           |

TMD Form 557-3

1 March 2017

Figure 6: Sample HRO Decision Form - Modified

## APPENDIX E

### Resolution of Reasonable Accommodations Request

**General.** [TMD Form 557a](#). This form is completed by the DRM/SEEM and must be completed for and maintained with each RA request packet.



Texas Military Department

Equal Opportunity/Equal Employment Office

| <b>RESOLUTION OF REASONABLE ACCOMMODATION REQUEST FORM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <small>(Must complete numbers 1 – 3; complete numbers 4 -7 if applicable)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 MAY XX                             |
| 1. Name of individual requesting reasonable accommodation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SMITH, JOHN                          |
| 2. Applicant or Employee's Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (512) 782-XXXX                       |
| 3. Accommodation Requested (be as specific as possible, eg., adaptive equipment, reader, interpreter, working space modification):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ADJUSTABLE SIT AND STAND WORKSTATION |
| <p>4. Accommodation(s):</p> <p style="margin-left: 40px;"> <input type="checkbox"/> approved as specifically requested<br/> <input checked="" type="checkbox"/> approved but different from original request*<br/> <input type="checkbox"/> denied                 </p> <p><small>*if the approved accommodation is different from the one(s) originally requested, identify the alternative accommodation(s):</small></p> <p style="margin-left: 40px;">APPROVED AN ERGONOMIC CHAIR WITH LUMBAR SUPPORT</p>                                                                                                                         |                                      |
| <p>5. Request denied because: (may check more than one box)</p> <p> <input type="checkbox"/> Requestor does not have a Rehabilitation Act Disability<br/> <input type="checkbox"/> Accommodation ineffective<br/> <input type="checkbox"/> Accommodation would cause an undue hardship<br/> <input type="checkbox"/> Medical Documentation Inadequate<br/> <input type="checkbox"/> Accommodation would require removal of essential function<br/> <input type="checkbox"/> Accommodation would require lowering performance or production standard<br/> <input type="checkbox"/> Other (please identify) _____                 </p> |                                      |
| <p>6. Detailed reason(s) for denial (must be specific, e.g. why accommodation would be ineffective or cause undue hardship):</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |
| <p>7. If the deciding official offered an accommodation that is different from the one originally requested, explain: (a) the reasons for the denial of the accommodation originally requested; and (b) why the alternative accommodation would be effective.</p>                                                                                                                                                                                                                                                                                                                                                                    |                                      |
| <p>8. An individual who disagrees with the resolution of the request may ask the Director of the Human Resources Office to reconsider that decision within 14 business days of receiving the "Resolution" form. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory, or collective bargaining claims.</p>                                                                                                                                                                                                                                                                  |                                      |

TMD Form 557a

1 March 2017

Figure 7: Sample Reasonable Accommodations Resolution Form

**9. If you are dissatisfied with the resolution and wish to pursue administrative, statutory, or collective bargaining rights, you must take the following steps:**

- o For an EEO complaint pursuant to 29 C.F.R. subsection 1614, contact an EEO counselor in the EO/EEO office within 45 days from the date of receipt of this Form or a verbal response (whichever comes first).
- o For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement.
- o For adverse actions over which the Merit System Protection Board has jurisdiction, initiate an appeal to the MSPB within 30 days of an appealable adverse action as defined in 5 C.F.R. subsection 1201.3

\_\_\_\_\_  
Name of Deciding Official

\_\_\_\_\_  
Signature of Deciding Official

Date reasonable accommodation denied/approved (if different from date of completing this form): \_\_\_\_\_

**Privacy Act Statement**

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.

## APPENDIX F

### Reasonable Accommodations Information Reporting Form (TMD Form 557b)

**General:** This form is completed by the DRM/SEEM.



*Texas Military Department*

*Equal Opportunity/Equal Employment Office*

| <b>REASONABLE ACCOMMODATION INFORMATION REPORTING FORM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Name of individual requesting reasonable accommodation: <u>SMITH, JOHN</u></p> <p>Office of Requesting Individual: <u>HUMAN RESOURCES OFFICE</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>1. Reasonable accommodation: (check one)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Approved (Whether it is what was originally requested or an alternate)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Denied</p> <p>2. Date accommodation requested: <u>28 APR XX</u></p> <p style="padding-left: 20px;">Who received the request: <u>SUPERVISOR</u></p> <p>3. Date accommodation request referred to Disability Program Manager/SEEM, if applicable: <u>1 MAY XX</u></p> <p>4. Determined that individual:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> does <input type="checkbox"/> does not have a disability as defined by the Rehabilitation Act</p> <p style="padding-left: 20px;"><input type="checkbox"/> no disability determination made</p> <p>5. Date accommodation approved or denied: <u>XX MAY XX</u></p> <p>6. Date accommodation provided (if different from date approved): <u>DD-MMM-YY</u></p> <p>7. If time frames outlined in the SOP were not met, explain why.</p> <p>8. Job held or desired by individual requesting reasonable accommodation (including occupational series, grade level, and office): <u>HUMAN RESOURCES SPECIALIST, GS-0201-09</u></p> <p>9. Accommodation needed for: (check one)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Application Process</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Performing Job Functions or Accessing the Work Environment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event)</p> <p>10. Accommodation(s) requested:</p> |

11. Accommodation(s) provided (if different from what was requested):

12. Cost of accommodation provided: \$400

13. Was medical information required to process this request? If yes, explain why? YES, MEDICAL DOCUMENTATION WAS REQUIRED TO DETERMINE IF LIMITATION WAS A TEMPORARY OR PERMANENT REQUIREMENT

14. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g. Job Accommodation Network, disability organization):

15. Comments:

16. Please attach all documentation connected with this request.

APPENDIX G

SAMPLE MEDICAL PROFESSIONAL CERTIFICATION

Note: Certification must be on the practice/doctor's/hospital's official letterhead and must include a wet (not stamped) signature.

Date:

RE: Patient Name (Applicant/employee)

"This letter serves as certification that (name of patient/applicant) is an individual with a physical, intellectual, or psychiatric disability that qualifies him/her for Reasonable Accommodations under the Rehabilitative Act of 1973, the Americans with Disabilities Act of 1990, and/or the Americans with Disabilities Amendments Act of 2008."

I can be contacted at \_\_\_\_\_(email) and phone \_\_\_\_\_  
between \_\_a.m. and \_\_\_ p.m.

\_\_\_\_\_  
Printed Name