

## REQUEST AND AUTHORIZATION FOR REASONABLE ACCOMODATION (RA)

RA _____ FOR DPM USE
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The proponent agency is the Directorate for Human Resources. For use of this form, see CMDM 9600.01, Reasonable Accommodation Procedure

### PRIVACY ACT STATEMENT

The California National Guard is authorized to collect the information by Section 501 of the Rehabilitation Act of 1973, 29 USC 791. The information provided by you will be used primarily to facilitate the processing of your request. Furnishing of the requested information and documentation is voluntary. However, failure to fully complete this form or provide the necessary information may result in either a delay of the needed accommodation or the denial of the request.

- (1) Only information about the individual that is relevant and necessary to accomplish the purpose of determining and evaluating a request for RA should be requested, 5 USC 552a (e) (1).
- (2) Information should be collected directly from the individual requesting the RA, particularly when the information may result in sensitive determinations about the individual's rights, benefits, and privileges that include possible RA, 5 USC 552a(e)(2).
- (3) Appropriate administration plus technical and physical safeguards must be followed to insure the security and confidentiality of records. They must also protect against any anticipated threats or hazards to their security and integrity. Not safeguarding sensitive information appropriately could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual from which information is maintained, 5 USC 522a (e) (10).

### PART I TO BE COMPLETED BY THE EMPLOYEE/REQUESTOR

I am a person with a disability who is requesting a Reasonable Accommodation and or Personal Assistance Services under the Rehabilitation Act of 1973, as amended. PLEASE SELECT BELOW:

- Reasonable Accommodation       Personal Assistance Service

1. Name	2. Pay Plan-Series-Grade	3. Position Title
4. Organization		5. Contact Phone Number(s)

**I have the condition(s) described below:**

6. Condition(s): Describe condition(s) for which accommodation(s) is/are needed.

  
  
  

7. Situation or Job Task(s): Describe employment situation, i.e., job tasks that keeps you from performing essential job functions.

  
  
  

8. Accommodation(s) Requested: Identify suggested accommodation(s). Provide recommendations for alternative accommodation(s)

  
  
  

9. Signature of Requestor	10. Date
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Warning: Information contained in this document is protected by the Privacy Act (5USC 552a)

**PART II**  
**TO BE COMPLETED BY THE SUPERVISOR**

11. Supervisor Name	12. Contact Phone Number(s)
13. Requested accommodation(s): (a) Written      YES (attach copy)      NO (b) Oral          YES (attach supervisor documentation)      NO (c) Date: _____ (d) Name of employee/applicant or designated representative: _____ If requestor is a designated representative, provide name/address/phone contact and relationship  (e) Position/Title for which request is being made: _____	
14. Employee's stated accommodation:	
15. What is the nature of the disability?	
16. Is the disability and need for accommodation obvious?      YES      NO	
17. Has employee provided medical information relative to stated disability in the past? YES Date Received _____      NO If the answer to both blocks 16 and 17 are "no," coordinate with employee to gather supported medical documentation	
18. Supervisors recommendation(s):      Approve (comments are optional)      Disapprove (mandatory comments required) Comments:	
19. Supervisor Signature	20. Date

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**PART III**  
**TO BE COMPLETED BY THE DPM AND/OR THE HRO**

21. Date submitted

22. Date received

23. Date of medical information

24. Date medical information received

25. Meeting with employee:

(1) Is a meeting needed to clarify needs?      YES      NO

(2) Coordinated with Labor Relations before meeting with employee to determine obligation to invite bargaining unit representative?      YES      NO

(3) Date of meeting \_\_\_\_\_

(4) Narrative describing discussion with employee (This may include list of job duties affected. If duties impacted are considered essential elements of employee's position, can accommodations be made to enable the employee to perform these tasks?)

26. List possible accommodations (if applicable):

27. Coordinate with Disability Program Manager

(1) Date of meeting \_\_\_\_\_

(2) Narrative describing discussion-for example, does employee have a physical or mental stability that substantially limits one or more of major life activities? Which accommodations are available/reasonable? Is there is a need to consult with a resource outside agency (e.g., Computer Electronic Accommodation Program-CAP, Appendix F)? Who has control over the resources? Who will make the decision? Must a union official be notified before implementing an accommodation?

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