

DHA Reasonable Accommodation Request

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

This statement serves to inform you of the purpose for collecting personal information through DHA Form 31, Reasonable Accommodation Request

AUTHORITY: 29 U.S.C. §701, Employment of Individuals with Disabilities; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense (November 21, 2003); and E.O.13164.

PURPOSE: To record, track, and make determinations regarding requests for reasonable accommodation by individuals with disabilities.

ROUTINE USES: Information may be disclosed for any of the DoD "Blanket Routine Uses" published at http://www.defenselink.mil/privacy/dod_blanket_uses.html as well as those generally permitted under 5 USC 552a (b).

DISCLOSURE: Voluntary; however, if you do not provide the information requested in this form, DHA may not provide you with a timely accommodation, and you may not receive important information.

1. INDIVIDUAL INFORMATION:

Applicant or Employee Name _____
Job Title _____
Pay Plan, Series, Grade _____ Date of Request _____
Organization _____
Form Completed By _____
Phone _____
Email _____

Employee Signature _____

2. ACCOMMODATION REQUESTED: *(Be as specific as possible, e.g., adaptive equipment, reader, or interpreter):*

3. REASON FOR REQUEST:

If accommodation is time sensitive, please explain:

4. SUPERVISOR INFORMATION: *(Signing DHA Form 31, notes that you have conducted the interactive process with individual requestor, and that the individual has a qualified disability)*

Name _____

Job Title _____

Organization _____

Supervisor's Signature _____ Date _____

Return Form to Supervisor

5. LOG NUMBER: _____ **Date:** _____

Notes: (1) This form should be completed by the employee making the reasonable accommodation request and provided to his/her supervisor. An applicant should return the form to a DHA employee with whom the applicant has had contact in connection with the application process. If a third party is completing the form on behalf of the employee or a management official is documenting an oral reasonable accommodation request, a copy of the completed form will be provided to the employee to confirm receipt of the reasonable accommodation request. Supervisors must provide a copy of this form to the DHA Equal Employment Opportunity and Diversity Management Division, who will assign a log number and return a copy of the form to the supervisor.

(2) The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

(3) DHA Reasonable Accommodation Request: The maximum time for processing and providing reasonable accommodation shall not exceed 30 business days from the requests day, absent "extenuating circumstances."

6. APPROVED/DISAPPROVED

Approved

Disapproved

Reason(s)

Supervisor's Signature _____ Date _____