

## REASONABLE ACCOMMODATION NOTIFICATION OF DECISION

**PRIVACY ACT STATEMENT:** Pursuant to the Privacy Act of 1974, 5.U.S.C. § 522a, USAID furnishes the following statement to individuals supplying information for a request for a reasonable accommodation at USAID.

**AUTHORITY:** Sections 501, 504, and 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 791, 794, 794d.

**PURPOSES:** USAID collects this information for use in determining whether individuals are entitled to a reasonable accommodation. This information is collected and maintained by USAID.

**ROUTINE USES:** Information collected in connection with a request for reasonable accommodation is confidential. It is shared only with Agency officials or Agency contractors who need to review the information to make determinations on a reasonable accommodation request.

**EFFECT OF NONDISCLOSURE:** Supplying the information is voluntary on your part. However, without requested information, USAID will not be able to process requests for reasonable accommodation.

**SORN:** USAID-32 Reasonable Accommodation Records

**GENERAL INFORMATION:** The Reasonable Accommodation Requestor acknowledges the decision and that the information provided within this request will be kept confidential to the limited degree. However, to make this decision, the Office of Civil Rights (OCR) Reasonable Accommodation Manager (RAM) engaged with one or more internal and/or external entities to determine whether a reasonable accommodation was available or effective, including but not limited to the requestor's supervisor, Administrative Management Staff/Executive Officer, the respective Bureau or Independent Office's Occupant Emergency Coordinators and Area Monitor for Individual Needing Assistance, the Office of Human Capital and Talent Management, Bureau for Management/Office of Management Services, General Counsel Office of Ethics and Administration, Bureau for Management Office of the Chief Information Officer, Office of Security, or third-party accommodation providers, if necessary.

### DEFINITIONS:

**Deciding Official:** First-line supervisors for an employee or a personal services contractor (PSC) and HCTM officials (for direct-hire applicants or matters within the Foreign Service Center's purview).

**Reasonable Accommodation Requestor:** Reasonable Accommodation Requestor: A USAID direct-hire employee or PSC who has a need for emergency evacuation assistance. Note: If the Reasonable Accommodation Requestor is a contractor employee (Institutional Support Contractors) USAID plays a support and consultative role when these individuals seek accommodation from their employer entity. Contractor employees may be covered in some circumstances; such determinations will be made on a case-by-case basis.

**Reasonable Accommodation Manager (RAM):** Serves as a technical advisor to the USAID workforce on all disability issues.

**INSTRUCTIONS:** The form is completed by OCR Reasonable Accommodation Specialists and Reasonable Accommodation Program Manager. The first line supervisor "deciding official" would review the form, electronically sign box #14, and return the form to OCR for final electronic signature and issuance to the requestor.

## Reasonable Accommodation Notification of Decision

1. Reasonable accommodation      Approved      Denied (attach a copy of denial notice)		
2. Requester information		
Name		Email address
If employee, provide Mission/Bureau/Independent Office		If job applicant, provide email address
3. Date of reasonable accommodation request		Received by
4. Date request referred to decision maker		Decision date
6. Date reasonable accommodation provided (if different from the approval date)	7. Job held or position applied for by requestor (including occupational series, grade level, and office)	
8. If time frames in RA procedures were not met, please explain why. (Continue response on separate page if necessary.)		
9. Reasonable accommodation needed for (check one) Job application process Performing job functions or accessing the work environment Accessing a benefit or privilege of employment		10. Was medical information required to process this request?  Yes      No
11. Type(s) of reasonable accommodation(s) requested		
12. Type(s) of reasonable accommodation(s) provided (if different from what was requested)		
13. Comments		
14. Name of decision maker	Signature of decision maker	Email address of decision maker
OCR/reasonable accommodation number	Acknowledgement of receipt  Reasonable Accommodation Program Manager	