



OFFICE OF CIVIL RIGHTS
DISABILITY EMPLOYMENT | REASONABLE ACCOMMODATION
REQUEST FOR REASONABLE ACCOMMODATION FORM

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: The Office of Civil Rights/Disability Employment (OCR/DE) uses the information solicited on this form to use of this information is to consider, decide, and implement requests for reasonable accommodation.

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 requested on this form is voluntary on your part.** However, without the requested information, USAID cannot process requests for reasonable accommodation.

SORN: USAID-32 Reasonable Accommodation Records.

GENERAL INFORMATION: Per Section 501 of the Rehabilitation Act of 1973, 29 U.S.C. § 791, as amended, and the Equal Employment Opportunity Commission (EEOC) regulations, 29 C.F.R. § 1614.203(d)(5), the Agency is obligated to provide reasonable accommodation to employees who require such services because of a targeted disability, other disabilities, or serious health conditions (OPM's Standard Form 256).

DEFINITIONS

Reasonable Accommodation Requestor: A USAID direct-hire employee or U.S. Personal Service Contractor who is requesting an accommodation to enable a qualified individual with a disability or pregnancy-related limitation to enjoy equal employment opportunities (ADS Chapter 111 Procedures for Providing Reasonable Accommodation). Note: If the requestor is an Institutional Support Contractor, USAID plays a support and consultative role when these individuals seek accommodation from their employing entity. Institutional Support Contractors may be covered in some circumstances; such determinations are made on a case-by-case basis.

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

1. Requester information	
Name	Email address
If employee, provide Mission/Bureau/Independent Office	Employee hiring mechanism type (Civil Service, Foreign Service, U.S. Personal Service Contractor)
Date of reasonable accommodation request	Job title, occupational series, and grade level (GS-0201-12 or FS-0343-01)
Office location/room number (For a needs assessment or delivery)	First line supervisor's name and email address
2. Reason for requesting an accommodation (check one): Job application process Performing job functions or access the work environment Access a benefit or privilege of employment	
3. Briefly describe the specific accommodation being requested, if known. If additional space is needed, attach a separate sheet.	

4. Explain how the requested accommodation will assist you to: (1) perform the essential duties of your position, (2) participate in the job application process, or (3) enjoy equal benefits or privileges of employment. If additional space is needed, attach a separate sheet.



INSTRUCTIONS FOR COMPLETING AID 111-1

This form is used for record-keeping, reporting purposes, and to facilitate the reasonable accommodation process. This form is a confidential document and will be maintained separately from the requestor's personnel file.

The Reasonable Accommodation Specialist will complete this form if the requestor requires assistance or is otherwise unable to complete the form.

You should complete this form to request reasonable accommodation (assistive technology and services) under the Office of Civil Rights, Disability Employment Division (OCR/DE). To avoid delays in the reasonable accommodation process, please ensure all information is accurate and complete. Notification of approval or disapproval will be provided in writing by OCR/DE. Please submit your completed form by email as an attachment. You should ensure that the security of your email is adequate for transmitting sensitive information before submitting your request because the form contains your personally identifiable information. If submitting via email, we recommend that you encrypt your message and use the same email address to send a password in a separate email message. Please send the form to reasonableaccommodations@usaid.gov.

Section 1: Complete your name, your office, staffing mechanism, email address, and current job title. If you require a needs assessment or wish to receive an item to be delivered to you, please provide your office location and room number. Please include the name of your first line supervisor as the individual has a role in this process as the deciding official, ADS 111.

Section 2: Select which reasonable accommodation category you are requesting. (More about the categories can be found in the ADS Chapter 111.1 in the overview section of the Procedures for Providing Reasonable Accommodation.)

Section 3: Describe the accommodation you are requesting.

Section 4: Describe how the accommodation will assist you.