



## Disability Parking Application

### PRIVACY ACT STATEMENT

**Authority:** The Federal Property and Administrative Services Act of 1949 (40 U.S.C. § 101 et seq) and 41 C.F.R. § 102.74.305 (2010).

**Purpose:** To allocate and provide administrative controls over allocated parking permits in facilities under the jurisdiction of USAID.

**Routine Uses:** To provide subsidized parking privileges to approved USAID employees. We may share your information to service providers, like parking garage operators, to facilitate various administrative activities, such as processing payments, locating vehicles, reserving spaces in parking structures, etc. The information may also be disclosed for civil or criminal law or regulatory enforcement purposes to another agency or tribunal in response to a written request from that agency's head or an official who has been delegated such authority.

**Disclosure:** While the form itself is voluntary, your submission indicates that you agree to share the information recorded on the form. Your information may be used to facilitate ride sharing agreements. Those individuals who do not submit a form or fail to supply all of the information requested on this form may delay or prevent approval of their application.

*The Rehabilitation Act of 1973, as amended, requires federal agencies to provide reasonable accommodations to qualified employees or applicants with disabilities, unless doing so would cause undue hardship. Please refer to ADS Chapter 111, Procedures for Providing Reasonable Accommodation, for more information about the reasonable accommodation program.*

**Instructions:** To request parking as a reasonable accommodation related to disability and pregnancy, USAID Direct Hire employees should contact the Office of Civil Rights (OCR). Please use the Reasonable Accommodation Online Request System (RAORS) to request a reasonable accommodation. Any employee who is unable to access RAORS to request a reasonable accommodation should contact OCR/Disability Employment at [ReasonableAccommodations@usaid.gov](mailto:ReasonableAccommodations@usaid.gov).

**Applicant:** Please indicate below whether this is a new application or recertification of a previous application; ensure to fill out the applicant's information, and check all that apply in the "Please check to acknowledge" section.

**OCR Representative:** Please complete the "Reason for parking" section to include the expiration dates (if applicable).

Once completed, please submit the application to [transitbenefitprogram@usaid.gov](mailto:transitbenefitprogram@usaid.gov). The Bureau for Management, Office of Management Services, Headquarters Management Division (M/MS/HMD) will respond to this request within two business days.

**New application**

**Annual Recertification**

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work email: \_\_\_\_\_

Bureau/Office/Division: \_\_\_\_\_

USAID building for which you are requesting parking for: \_\_\_\_\_

### Reason for Parking:

Long term disability (more than six months) \_\_\_\_\_ (expiration date)

Short term disability (less than six months) \_\_\_\_\_ (expiration date)

### Please check to acknowledge the following:

I certify that I am not participating in USAID's Transit Program.

I agree to make payments in pay.gov by the 10th of each month for Ronald Reagan Building (RRB).

I agree to follow the parking vendor's payment procedures for all other USAID parking facilities.

I understand that if I am delinquent in making payments, my parking will be suspended / revoked.

I agree to comply with ADS Chapter 514, Parking Program Administration.

## Signatures

*I certify that my answers are true and complete to the best of my knowledge.*

Applicant signature: \_\_\_\_\_

*OCR certifies/approves this application as a valid request for Disability Parking.*

OCR Approver name: \_\_\_\_\_

OCR Approver signature: \_\_\_\_\_

Assigned Reasonable Accommodations (RA) number: \_\_\_\_\_