



**OFFICE OF CIVIL RIGHTS
DISABILITY EMPLOYMENT | REASONABLE ACCOMMODATION
AIR TRAVEL ACCOMMODATION APPLICATION 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. The information is sought pursuant to 5 C.F.R. Part 339, Administrative Personnel, Medical Qualifications.

PURPOSES: The Office of Civil Rights/Disability Employment (OCR/DE) uses the information solicited on this form to consider, decide, and implement requests for reasonable accommodation. **This form can be used for reasonable accommodation requests under the Rehabilitation Act.**

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, the purpose of this form is to help and provide guidance to the traveler in navigating the requesting process.

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) where doing so will not pose an undue hardship to the Agency.

Note to medical provider: 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 an 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.

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 serious health condition 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.

INTRODUCTION	
Date	Employee's Name (Last, First, MI)
Position	Bureau and Office
Work Email	
ROUTING FOR COMPLETED DOCUMENTATION	
<ul style="list-style-type: none">• Acute/Temporary Medical Disability or Chronic Medical Disability: Email completed form and copy of itinerary to ReasonableAccommodations@usaid.gov or upload the completed form to the Reasonable Accommodation Online Request System (RAORS).• If your request centers on performance of mission-critical work or the requirement to begin work immediately upon arrival, this is not the correct process through which to seek approval for business class travel. Instead, please see guidance in 14 Foreign Affairs Manual § 567.2-4 for alternative methods to request business class travel from your funding authority.• While an employee is entitled to an effective reasonable accommodation, they are not entitled to their reasonable accommodation of choice. Where there is more than one effective accommodation, the Agency has the right to select between the reasonable accommodations available.	
SECTION ONE – EMPLOYEE CERTIFICATION	
I _____, am requesting air travel accommodation from the U.S. Agency for International Development. In support of my application, I certify the following (State your medical disability and air accommodation you are seeking):	

Name of Employee	
<p>By checking this box, I, _____, certify that I am the individual submitting this document. Release of information: "I hereby authorize my treating physician to complete the information requested by the U.S. Agency for International Development and provide the requested information regarding my disabling medical condition as it pertains to my request for air travel accommodations."</p> <p>I certify, under penalty of law and pursuant to 18 U.S.C. § 1001, that the information I have provided in support of my application is true, correct, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for denying my application and may subject me to disciplinary action.</p>	
Signature	Date
<p>As set forth in 41 C.F.R. § 301-10.123(b)(1) and 14 FAM 567.2-4(b) all government travelers are required to exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business when making official travel arrangements, and therefore, should consider the least expensive class of travel that meets their needs.</p>	
SECTION TWO – MEDICAL PROVIDER CERTIFICATION	
<p>Your patient is requesting air travel accommodations due to a disabling medical condition. Determinations are made based upon evidence-based medical guidance.</p> <p>Deep Vein Thrombosis (DVT): There is no current medical evidence to support business class seating for the prevention of DVT or pulmonary emboli. The Agency encourages careful risk mitigation discussion between the provider and patient as the only effective risk mitigation reduction relative to thrombosis relates to conventional measures such as calf exercises, periodic ambulation, and choosing to fly or not fly at all. The risk for clot formation is the same regardless of class of in-flight seating.</p> <p>State the traveler’s current medical disability, basis of the request (nature, severity, and duration of the impairment, the activity or activities that the impairment limits, the extent to which the impairment limits the employee’s (traveler) ability to perform the activity or activities and should also substantiate why the requested reasonable accommodation is needed), and if the disability is acute or chronic.</p>	

Name of Employee		
Does the traveler have a physical or mental impairment that substantially limits one or more major life activities and therefore meets the standards of a person with a disability?	Yes	No
Do you certify that this individual has a medical disability that necessitates an air travel accommodation? Please check any of the lower-cost accommodations that meet the individual's requirements:	Yes	No
<p>Aisle Seating</p> <p>Two Seats</p> <p>Exit Row Seating</p> <p>Bulkhead Seating</p> <p>Premium/Extended Economy Seating</p> <p>Additional rest stops</p> <p>Shorter rest stops</p> <p>Shorter flight segments</p> <p>Recovery days upon arrival at destination</p> <p>Postpone travel</p>		
If recommending multiple lower-cost accommodations, please explain whether the lower cost accommodations need to be used in conjunction with each other or separately.		
If the traveler's needs cannot be met by the listed, lower-cost modalities, please explain the specific medical need(s) that is only satisfied in business class.		
I certify that I am legally authorized to work in the state identified below and I have provided my professional license number.		
Name of Physician	Date	
Signature	Telephone	

Physician Office Address	State Medical License Number
	NPI Number

INSTRUCTIONS FOR COMPLETING AID 111-6

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.

You should complete this form to request reasonable accommodation (travel-related) 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.

Introduction: Complete your name, your office, staffing mechanism, email address, and current job title. 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 1: Complete your statement regarding what accommodation you are seeking and indicate what is the target disability or serious health conditions or other disabilities or serious health conditions. The information can be found in the OPM SF-256 Self-Identification of Disability: <https://www.usaid.gov/forms/sf-256>. Please print your name and provide a signature with a date.

Section 2: This section is to be completed by your healthcare provider. The treating physician would provide your current diagnosis, basis of the request, and if the condition is acute or chronic. Requests for Medical Documentation can be found in the ADS 111.3.1.6 on Procedures for Providing Reasonable Accommodation which is readily available to view at <https://www.usaid.gov/careers/reasonable-accommodations>.

The treating physician would then complete their information including the physician’s office address, date, phone number, and credentials.