



Written Request for Reasonable Accommodation

References: The Rehabilitation Act of 1973, as amended, Title 29, C.F.R. Part 1630, Executive Order 13164

The Defense Intelligence Agency will provide a reasonable accommodation (RA) to the known physical or mental impairment of a qualified individual with a disability, provided the accommodation is necessary for the performance of essential job duties, is effective for the individual and the agency, is related to the job, and does not pose an undue hardship or create a direct threat to the Agency.

- An individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment; or is regarded as having such an impairment.

A completed request for reasonable accommodation includes:

- Request for Reasonable Accommodation.
- Substantiating medical documentation form of health care professional (to be submitted directly to the RA team).

Such documentation is used to substantiate that an individual's medical condition rises to the level of disability and the functional limitations of the impairment. "Health care professional" includes but is not limited to doctors, nurses, psychologists, therapists, and vocational rehabilitation specialists. When the disability and/or need for accommodation are obvious, documentation is not required.

Instructions:

1. Requesting individual complete the Written Request for Reasonable Accommodation form.
2. Submit request form to supervisor, or in the case of applicant, directly to the RA team or Office of Human Resources representative.
3. Supervisor forwards request to RA team.
4. Requesting individual directly submits medical documentation to RA team.

PART I—REQUESTER'S CONTACT INFORMATION

Requester's Name:	Employee ID (if applicable):	Series and Grade:
Position/Title:	Directorate/Office:	Work Location:
Telephone:	VOIP/DVTC:	Email:
Supervisor's Name:	Supervisor's Telephone:	Supervisor's Email:

PART II—ACCOMMODATION REQUEST

Do you currently use any accommodation? ☐ Yes ☐ No

If yes, list accommodations _____

Accommodation(s) Requested (please specify):

- | | |
|---|---|
| <input type="checkbox"/> Assistive Technology _____ | <input type="checkbox"/> Telework _____ |
| <input type="checkbox"/> Alternative Work Schedule _____ | <input type="checkbox"/> Workspace Modification _____ |
| <input type="checkbox"/> Ergonomic Equipment _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Service (e.g. SLI, reader, note taker) _____ | <input type="checkbox"/> Not Sure _____ |

Indicate the major life activities substantially limited by the impairment.

How does your limitation impact the performance of your essential job duties?

Employee Signature:	Request Date:	Supervisor Signature:	Request Date:
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PLEASE RETURN FORM TO:

Mailing: DIA 7400 Pentagon Attn: EO/Reasonable Accommodation Washington, DC 20301	Email: NIPR— reasonableaccommodations@dodiis.mil	Phone: (202) 231-8178 Fax: (202) 231-6486
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TO BE COMPLETED BY THE REASONABLE ACCOMMODATION TEAM

Received Date:	Received By:	Case Number:	Medicals Sufficient <input type="checkbox"/> Yes <input type="checkbox"/> No	IAP Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Appendix B Date:	IAP Date:	Other:	Close Date:	

Authority: Federal Rehabilitation Act of 1973, as amended, Rehabilitation Act—29 CFR 1614.203, as amended, Americans with Disabilities Act, as amended, Executive Order 13164, "Establishing Procedures to Facilitate the Provision of Reasonable Accommodation," as amended.

Purpose: To evaluate information in response to a Reasonable Accommodation Request.

Routine Uses: Routine uses of the information are consistent with the Defense Reasonable Accommodations and Assistive Technology Records, System of Records Notice DoD 0007. Additional information is available at <https://www.federalregister.gov/documents/2021/07/22/2021-15601/privacy-act-of-1974-system-of-records>

Disclosure of Information: Providing this information is voluntary; however, failure to complete the form in its entirety could result in a denial or delay of the requested service.