

## **REASONABLE ACCOMMODATION REQUEST INFORMATION**

The first step in requesting a reasonable accommodation under the Rehabilitation Act is to discuss the request with your first-line supervisor. The forms used in this process at CMS are attached. The Reasonable Accommodation Request form should be completed by the employee requesting the accommodation in order to provide pertinent information for record keeping purposes; the Medical Documentation Fact Sheet provides guidance for preparing the documentation in support of the request. The information provided should be as specific as possible. The Medical Release form only becomes necessary if the documentation submitted is insufficient to make a determination regarding whether the impairment meets the definition of “disability” under the Act or if clarification is needed. The Management Decision form is for the use of the first line manager after review of the documentation and discussion with the Reasonable Accommodations Coordinator.

The case file will remain active for 30 days after the employee’s receipt of the information packet. If the request is not pursued by providing the medical documentation within that time, the file will be closed. At that time the employee will be advised of the closure and of the right to pursue the request at any time in the future.

Any questions or requests for clarification should be addressed to:

Bettie Tapscott Spencer  
Reasonable Accommodations Coordinator  
410-786-0762  
[bspencer@cms.hhs.gov](mailto:bspencer@cms.hhs.gov)

## Employees with Disabling Conditions Reasonable Accommodation Request Form

Name:

Component:

Telephone Number:

Cubicle/Office Location:

Manager:

Have you discussed your accommodation needs with your immediate manager? Yes ( ) No ( )

Please provide a brief description of your medical condition:

(Attach additional information as necessary.)

Please specify the requested accommodation(s) and how it relates to your medical condition:

(Attach additional information as necessary.)

Employee's Signature

Date

By providing the above information, you understand that in order to process your request for a reasonable accommodation due to a disabling condition, your manager may be required to contact other Agency personnel who, in the performance of their official duties, have a need to know the nature of your medical condition in order to assess your accommodation needs. A failure to submit acceptable medical documentation or a refusal to allow Agency personnel to review your medical documentation may result in your request for a reasonable accommodation being denied.

## **Medical Documentation Fact Sheet**

Questions should be asked about the need for accommodation and whether the requested accommodation would be effective.

The following information must be contained within the medical documentation provided by the medical practitioner:

A statement regarding:

- (1) the nature, severity, and duration of the individual's impairment;
- (2) the activity or activities that the impairment limits;
- (3) the extent to which the impairment limits the employee's ability to perform the activity or activities; and
- (4) why the requested reasonable accommodation is needed.

The documentation must establish how the requested accommodation will assist the individual in performing the essential functions of his/her position or how the requested accommodation will enable the individual to enjoy the normal benefits and privileges of the workplace.

Key definitions:

*A. Disability -- A physical or mental impairment that substantially limits one or more major life activities (i.e., walking, speaking, breathing, seeing, hearing, learning, caring for oneself, performing manual tasks, sitting, standing, lifting, reading, etc.). Whether an impairment substantially limits a major life activity is determined by the nature and severity, duration (how long it's expected to last), and impact (permanent/long term) of the impairment.*

*B. Qualified Individual with a Disability -- With respect to employment, an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the position.*

*C. Essential Functions -- Those functions of a job that are so fundamental to the position that the individual cannot do the job without being able to perform them, e.g., the position exists specifically to perform that function, there are a limited number of other employees who could perform the function if it were assigned to them, or the function is specialized and the incumbent is hired based on his/her ability to perform it.*

**Medical Release**

I, \_\_\_\_\_, hereby provide permission for:

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(Medical Practitioner's name and address)

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(Medical Practitioner's phone and facsimile numbers)

to release medical information (both written and oral) and records related to my medical condition(s) for which I am requesting a reasonable accommodation to representatives of the Centers for Medicare and Medicaid Services (CMS), on a need-to-know basis in order for the representatives to carry out their official duties and to act on my request for an accommodation. I understand that all CMS representatives will treat this medical information and records in a confidential manner in accordance with the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Privacy Act. I  have provided  will provide a copy of this form to the above-designated medical practitioner.

I understand that the failure of my medical practitioner to release the above information may result in the denial of my request for a reasonable accommodation.

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Employee's Signature

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Date

Management Decision Form  
for  
Employee Request For Reasonable Accommodation

First-Line Manager:

Component:

Telephone Number:

Employee's Name:

Date Employee Request Received:

Type of reasonable accommodation requested:

Have you consulted with the Reasonable Accommodation Coordinator (RAC)?

**Yes ( ) No ( )**

**( ) Approved.**

**( ) Denied.**

Request denied because: (may check more than one box)

- Accommodation ineffective
- Accommodation would cause undue hardship
- Medical documentation inadequate
- Accommodation would require removal of an essential function
- Accommodation would require lowering of performance or  
production standard
- Other (please identify) \_\_\_\_\_

Detailed reason(s) for the denial of reasonable accommodation (must be specific, *e.g.*, why the accommodation is ineffective or causes undue hardship).

If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of reasonable accommodation, explain both the reasons for denial of the requested accommodation and why you believe the chosen accommodation would be effective.

Signature

Date

Attachment: Rights

## Attachment

If an individual is dissatisfied with a decision made regarding a request for a reasonable accommodation, the individual may :

- A. File an EEO Complaint.** The individual must contact OEOCR to obtain the assistance of a counselor within 45 calendar days of his/her receipt of a final decision by the Agency regarding his/her request for reasonable accommodation. Upon being contacted, the counselor will advise the individual regarding the availability of the Agency's Alternative Dispute Resolution Program for EEO complaints.
- B. File a grievance.** Bargaining unit employees must use the negotiated procedure outlined in Article 24 of the Master Labor Agreement between CMS and AFGE, the employees' union. Non-bargaining unit employees must follow the procedures set forth in the Administrative Grievance process.

**Reconsideration:** If an individual wishes reconsideration, (s)he must first ask the first-line manager to reconsider the decision and the first-line manager will respond to the request within five (5) business days. The individual may present additional information in support of his/her request. If the first-line manager does not reverse the decision, the individual may ask his/her second-line manager to do so. The second-line manager must respond to this request within ten (10) business days.

**Note:** The time limits set forth in EEOC's regulations for bringing a claim to EEOC, MSPB, or union grievance procedures will not be stayed by the reconsideration process.