

USAG-Miami EEO SOP

Reasonable Accommodation Process

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Reasonable Accommodation Process

Purpose This SOP documents the roles and responsibilities of U.S. Army Garrison-Miami managers and staff in responding to an employee request for reasonable accommodation and to establish a template for processing the request.

References The primary references are:

- AR 690-12, Equal Employment Opportunity and Diversity, Appendix C, dated 12 December 2019
- The Rehabilitation Act of 1973, as amended, 29 USC 791 et seq.
- The Americans with Disabilities Amendments Act of 2008 (ADAA), Pub. L. No. 110-325
- 29 CFR Part 1630 – Regulations to Implement the Equal Employment Provisions of the American with Disability Act
- SAMR-ZA Memorandum dated 17 March 2009, subject: US Army Procedures for Providing Reasonable Accommodation for Individuals with Disabilities

Attachments This SOP references to several forms and documents. The following forms and documents are attached as an appendix to this SOP:

- Encl. 1 – DD Form 2870, Authorization for Disclosure of Medical or Dental Information
- Encl. 2 – Appendix B – Confirmation of Request for Reasonable Accommodation
- Encl. 3 – Appendix C – Reasonable Accommodation Request Resource
- Encl. 4 – Appendix E – Denial of Reasonable Accommodation Request
- Encl. 5 – Appendix F – Reasonable Accommodation Information Report

Background With the passage of the ADA and the promulgation of a standard Army procedure for addressing requests for accommodation, USAG-Miami must document a standard process so that employee needs can be met in a timely and responsive manner in accordance with Army policy.

Note: The participants recognize that needs for accommodation arise in various ways and that no single procedure can address every situation. The participants will adapt the following template to each individual situation so that requests are resolved timely after meaningful dialog with the requester.

Reasonable Accommodation Process, Continued

Roles & Responsibilities

The key roles and responsibilities for processing a request for reasonable accommodation (RA) are:

Role	Responsibility
Supervisor	<ul style="list-style-type: none"> • Serves as decision-maker on requests for reasonable accommodation • Receives requests & supporting documentation • Engages in interactive dialog with employee • Makes temporary assignment of employee pending resolution of accommodation request – <i>if applicable</i> • Coordinates with CPAC, Legal, Disability Program Manager, EEO, Health Clinic, LMER • Issues written decision on reasonable accommodation issues
Employee who requests reasonable accommodation	<ul style="list-style-type: none"> • Notifies his/her immediate supervisor of a desire for a reasonable accommodation • Completes Confirmation of Request for Reasonable Accommodation form and returns it to his/her supervisor - Appendix B – Encl. 2 • Completes DD Form 2870, Authorization for Disclosure of Medical or Dental Information and returns it to his/her supervisor – Encl. 1 • Responds promptly and fully to request for clarifying medical information, especially with regard to limitations and their extent and duration • Discusses his/her request with his/her supervisor at various times while the request is pending to clarify needs and opportunities
Disability Program Manager/EEO Manager	<ul style="list-style-type: none"> • Serves as resource for supervisors on potential reasonable accommodations • In conjunction with Legal Office & CPAC provide supervisor with recommended courses of action • Uploads reasonable accommodation request onto MD715 portal and tracks process IAW timeline • Assesses USAG-Miami reasonable accommodation program • Facilitates the reasonable accommodation process

Reasonable Accommodation Process, Continued

Roles & Responsibilities
(continued)

Role	Responsibility
Legal Counsel	<ul style="list-style-type: none"> • Provides legal advice to supervisors and staff throughout reasonable accommodation process • Provides the Disability Program Manager legal advice upon request whenever s/he makes recommendation to supervisor • Provides legal advice to the Disability Program Manager and supervisor when requesting medical information • Reviews all denials of reasonable accommodation Appendix F – Encl 4
LMER Representative / HR Specialist	<ul style="list-style-type: none"> • Reviews vacancy listings to determine presence of funded vacancies for reassignment • Coordinates with other CPAC Staffing Specialists to ascertain employee qualification for vacant positions • Coordinates with supervisor, Disability Program Manager, other staff to facilitate reassignment where possible • For accommodation for work-related injuries, facilitates implementation of USAG-Miami policy on placement
HR Specialist (Employee and Labor Relations)	<ul style="list-style-type: none"> • Provides personnel advice to supervisors and staff throughout accommodation process • Facilitates advice to the Disability Program Manager, Supervisor, on job requirements and qualifications • Advises supervisor on decisions related to accommodation and necessary /proper personnel actions
SOUTHCOM Health Clinic	<ul style="list-style-type: none"> • Reviews medical documentation when an employee returns to duty - (Fit for Duty) • Reviews medical documents when an employee seeks to assume a new duty position • Advises supervisors if they should have a question on whether a particular work assignment violates a medical limitations imposed by a health care professional
Safety Office	<ul style="list-style-type: none"> • Provides advice on applicability of equipment, ergonomic improvements, or engineering controls to resolve requests for accommodation

Reasonable Accommodation Process, Continued

Process Flow Template

The following table summarizes the process flow for processing a request for reasonable accommodation. Every request for accommodation must go through each stage.

Stage	Description
Notice of RA request	The process of putting supervision on notice that a reasonable accommodation is needed or requested.
Intake	The process of documenting a request for reasonable accommodation and ensure the request is tracked to completion.
Data Gathering	The process of compiling medical and other information needed to make a decision on reasonable accommodation alternatives.
Employee Input	The process that ensures there is interactive dialog between the requester and his/her supervisor on reasonable accommodation alternatives.
Assessment	The process of considering alternatives and whether one or more alternatives should be adopted.
Decision	The process of reaching a decision (approve/deny) reasonable accommodation on an employee's request.
Review and analysis	The process of reviewing the application of rules and policies to requests so that process and decision-making improvements can be made.

The following blocks provide guidance and direction on each of these stages:

Reasonable Accommodation Process, Continued

Notice of request

It is the employee’s obligation to put the USAG-Miami thru employee’s immediate supervisor or Director on notice that s/he needs or is requesting an accommodation. Notice can take several forms:

- May be an oral or written request - Encl 2
 - May be a request for an adjustment or change at work related to a medical condition
 - May be made by a family member, health care professional, or other representative on behalf of the employee
 - Does not require use of words “reasonable accommodation” or “disability” or citation to the Rehabilitation Act
-

Intake

The requester’s supervisor and the Disability Program Manager need to ensure the employee request is logged in and tracked.

If ...	Then ...
<p>The requester or someone on behalf of the requester (to include another management official) contacts the supervisor AND the request can be immediately granted</p>	<p>The supervisor will:</p> <ul style="list-style-type: none"> • Grant the accommodation – Encl. 5 • Provide the Confirmation of Request for Reasonable Accommodation form (Appendix B) – Encl. 2 to the employee, who will complete it and return it to the supervisor • Provide the completed Confirmation of Request for Reasonable Accommodation form (Appendix B) Encl. 2, to the Disability Program Manager • Provide the Disability Program Manager with a memorandum that explains the accommodation provided • Complete all paperwork required by the Disability Program Manager to close the file

Reasonable Accommodation Process, Continued

Intake
(continued)

If ...	Then ...
<p>The requester or someone on behalf of the requester (to include another management official) contacts the supervisor AND the request cannot be immediately granted</p>	<p>The supervisor will:</p> <ul style="list-style-type: none"> • Provide the requester with the Confirmation of Request for Reasonable Accommodation form (Appendix B) Encl. 2 and DD Form 2870 (Encl. 1); the requester will return the completed forms to his/her supervisor • Notify the Disability Program Manager and discuss the request • Begin the data gathering, employee input, and assessment processes • Provide a copy of the completed Confirmation of Request for Reasonable Accommodation (Appendix B) Encl. 2 and DD Form 2870 (Encl. 1) to the Disability Program Manager
<p>The requester contacts a management official other than his/her supervisor or the Disability Program Manager</p>	<p>The management official will notify the requester's supervisor and the Disability Program Manager</p>
<p>The requester, the supervisor, or another management official contacts the Disability Program Manager</p>	<p>The Disability Program Manager will:</p> <ul style="list-style-type: none"> • Ensure the requester is provided the Confirmation of Request for RA form (Appendix B) Encl. 2 and DD Form 2870 (Encl. 1); the requester will return the completed forms to the supervisor • Provide to the supervisor the RA Information Report (Appendix F); the supervisor will complete the form and return it to the Disability Program Manager – Encl. 5 • Discuss the request with the supervisor • Upon receipt of the completed Confirmation of Request for Reasonable Accommodation form (Appendix B), assign a tracking number. Encl. 2

Reasonable Accommodation Process, Continued

Data Gathering A supervisor must have sufficient documentation to make an informed decision about accommodation. A document is sufficient if it provides information on the scope, severity, duration of the condition and provides reasonably specific limitations that apply to the employee’s job. The following actions will ensure adequate data is obtained:

- Review the Confirmation of Request for Reasonable Accommodation form (Appendix B) and any supporting documents submitted by the requester or on his/her behalf – Encl. 2
 - Discuss the sufficiency of documentation with the Disability Program Manager, MER, and Legal
 - If there is insufficient documentation, provide the employee with a written request for information to determine limitations and possible accommodation
-

Employee input The Rehabilitation Act requires interactive dialog between the employee and the supervisor (Appendix C) to ensure non-obvious accommodations are considered. Encl. 3 - Supervisors will ensure the following communication efforts are made:

- Discuss the request with the employee and his/her representative, if applicable (see MER assistance if needed).
 - Do not be argumentative – seek to clarify the request, especially with regard to limitations.
 - Be sure to ask what specific job changes the employee thinks would resolve the issues.
 - Document the conversation with a Memorandum for Record.
 - Document all follow-up meetings or requests for documentation.
-

Assessment The supervisor will consider all relevant information and will staff his/her decision on offering reasonable accommodation. At minimum, supervisors will ensure the following steps are followed:

Step	Action
1	Ensure the employee’s limitations (scope, severity, duration) are clearly known; if they are not, apply the “Data Gathering” actions noted above

Reasonable Accommodation Process, Continued

Assessment
(continued)

Step	Action						
2	<p>Determine if the employee can perform the essential functions of his/her current position.</p> <p><i>Note:</i> “Essential Functions” are the fundamental job duties of the employment position in question. A function is “essential” if the reason the position to exist is to perform that function; there are a limited number of other employees available among whom the performance of that job function could be distributed; or the function is highly specialized so the incumbent is hired based on experience or ability to perform it.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">If</th> <th style="text-align: center;">Then</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">The employee can perform the essential functions of their position</td> <td style="vertical-align: top;">No accommodation is required, but adjust job duties so as to not violate medical restrictions</td> </tr> <tr> <td style="vertical-align: top;">The employee cannot perform the essential functions of their position</td> <td style="vertical-align: top;"> Temporarily assign duties (<i>if applicable</i>) that do not violate medical restrictions and work with the affected Director to: <ul style="list-style-type: none"> • Look for job re-engineering or assistive technology to address the medical limitations • Discuss the alternatives with the employee • Discuss the alternatives with the Disability Program Manager and obtain his/her advice • Discuss the alternatives with the LMER and Legal representatives, obtain their advice. • If re-engineering and/or assistive technology allow the employee to perform his/her essential functions without undue hardship, make changes • If those do not resolve the matter, go to Step 3 </td> </tr> </tbody> </table> <p><i>Note:</i> Supervisors should work closely with staff, to include the Safety Office, to ensure engineering alternatives are considered.</p>	If	Then	The employee can perform the essential functions of their position	No accommodation is required, but adjust job duties so as to not violate medical restrictions	The employee cannot perform the essential functions of their position	Temporarily assign duties (<i>if applicable</i>) that do not violate medical restrictions and work with the affected Director to: <ul style="list-style-type: none"> • Look for job re-engineering or assistive technology to address the medical limitations • Discuss the alternatives with the employee • Discuss the alternatives with the Disability Program Manager and obtain his/her advice • Discuss the alternatives with the LMER and Legal representatives, obtain their advice. • If re-engineering and/or assistive technology allow the employee to perform his/her essential functions without undue hardship, make changes • If those do not resolve the matter, go to Step 3
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Reasonable Accommodation Process, Continued

Assessment
(continued)

Step	Action														
3	<p>Consider reassignment. Reassignment is the accommodation of <i>last resort</i>, and it should be offered only if the following procedures are followed:</p> <table border="1" data-bbox="581 468 1414 1602"> <thead> <tr> <th data-bbox="581 468 695 504">Step</th> <th data-bbox="695 468 1414 504">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="581 504 695 653">A</td> <td data-bbox="695 504 1414 653">The Supervisor will forward the request along with all supporting documentation to his/her Director, who will seek positions <i>in his/her organization</i> to which the requesting employee might be reassigned.</td> </tr> <tr> <td data-bbox="581 653 695 802">B</td> <td data-bbox="695 653 1414 802">The Director will forward a Memorandum Requesting Selective Placement Assistance along with all supporting documents and any position identified for reassignment to the LMER Representative.</td> </tr> <tr> <td data-bbox="581 802 695 1602">C</td> <td data-bbox="695 802 1414 1602"> <p>Appropriate Staffing and Classification Specialists, will search for <i>funded vacancies</i> for which the employee seeking accommodation qualifies.</p> <table border="1" data-bbox="706 930 1403 1566"> <thead> <tr> <th data-bbox="706 930 933 966">If</th> <th data-bbox="933 930 1403 966">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="706 966 933 1346">The employee does not have a workers' compensation claim</td> <td data-bbox="933 966 1403 1346"> <p>The LMER Representative will:</p> <ul style="list-style-type: none"> • Document the position search • Document the qualification determination • Identify positions to which the employee might be reassigned; if none, so state • Provide his/her findings and recommendation to the supervisor (go to Step 4) </td> </tr> <tr> <td data-bbox="706 1346 933 1566">The employee has a workers' compensation claim</td> <td data-bbox="933 1346 1403 1566">The LMER Representative will complete the steps above and will continue to search for placement; the supervisor and Disability Program Manager will be updated on a regular basis</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>	Step	Action	A	The Supervisor will forward the request along with all supporting documentation to his/her Director, who will seek positions <i>in his/her organization</i> to which the requesting employee might be reassigned.	B	The Director will forward a Memorandum Requesting Selective Placement Assistance along with all supporting documents and any position identified for reassignment to the LMER Representative.	C	<p>Appropriate Staffing and Classification Specialists, will search for <i>funded vacancies</i> for which the employee seeking accommodation qualifies.</p> <table border="1" data-bbox="706 930 1403 1566"> <thead> <tr> <th data-bbox="706 930 933 966">If</th> <th data-bbox="933 930 1403 966">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="706 966 933 1346">The employee does not have a workers' compensation claim</td> <td data-bbox="933 966 1403 1346"> <p>The LMER Representative will:</p> <ul style="list-style-type: none"> • Document the position search • Document the qualification determination • Identify positions to which the employee might be reassigned; if none, so state • Provide his/her findings and recommendation to the supervisor (go to Step 4) </td> </tr> <tr> <td data-bbox="706 1346 933 1566">The employee has a workers' compensation claim</td> <td data-bbox="933 1346 1403 1566">The LMER Representative will complete the steps above and will continue to search for placement; the supervisor and Disability Program Manager will be updated on a regular basis</td> </tr> </tbody> </table>	If	Then	The employee does not have a workers' compensation claim	<p>The LMER Representative will:</p> <ul style="list-style-type: none"> • Document the position search • Document the qualification determination • Identify positions to which the employee might be reassigned; if none, so state • Provide his/her findings and recommendation to the supervisor (go to Step 4) 	The employee has a workers' compensation claim	The LMER Representative will complete the steps above and will continue to search for placement; the supervisor and Disability Program Manager will be updated on a regular basis
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Reasonable Accommodation Process, Continued

Assessment
(continued)

Step	Action
4	The supervisor will: <ul style="list-style-type: none"><li data-bbox="581 405 1422 510">• Discuss the accommodation or placement options with the employee and document the conversation with a Memorandum for Record, or<li data-bbox="581 516 1422 615">• Provide the employee with a letter that outlines the accommodation or placement options and provide the employee with an opportunity to provide input and comment

Reasonable Accommodation Process, Continued

Decision

Army policy requires the following:

If ...	Then ...
The decision is to provide some form of accommodation	The supervisor will <ul style="list-style-type: none"> • Immediately communicate the decision orally or in writing • Follow up any oral notification with a written decision • Complete the Reasonable Accommodation Information Report (Appendix F) and provide it to the Disability Program Manager – Encl. 5
The decision is to not provide some form of accommodation	The supervisor will <ul style="list-style-type: none"> • Consult with the Disability Program Manager and obtain his/her advice • Provide the Legal Office with the draft decision, justification, and supporting documents for review • Upon receipt of advice from the Legal Office, communicate the decision orally or in writing • Complete the Denial of Accommodation Request Form (Appendix E) and provide it to the employee. Encl. 4 • Complete the Reasonable Accommodation Information Report (Appendix F) and provide it along with ALL supporting documentation to the Disability Program Manager. Encl. 5 • Contact the LMER Cell to determine the proper course of action

Note: As a matter of USAG-Miami policy, employees on Workers Compensation will normally not be removed/terminated absent unusual circumstances, and placement efforts will be a continuing effort.
EMPLOYEES WITH COMPENSATION CLAIMS WILL BE TEMPORARILY ACCOMMODATED PENDING COMPLETION OF THE DEPARTMENT OF LABOR (DOL) PROCESS.

Reasonable Accommodation Process, Continued

Review and analysis

The Disability Program Manager is responsible for reviewing the accommodation process and assessing it for improvements. The Disability Program Manager will:

- Provide required information for completion of the MD 715 report as required by the DA policy
 - Provide required information for on-site EEO Program reviews as required by the DA policy
 - Review cases and processes to provide advice to leadership and staff regarding process improvements
-

Important administrative requirements

The foregoing process will ensure the legal requirements for reasonable accommodation are met. In order to comply with Army and local policy, the following requirements are noted:

- DA policy requires that USAG-Miami will process requests for reasonable accommodation “as soon as reasonably possible.”
- Absent unusual circumstances, a request should be granted, denied, or modified **within 30 business days from the date the request is received by the supervisor.** The 30 business days are tolled for periods where additional documentation is being requested.
- Temporary or provisional accommodations *may be* required during the period of time a request is being process. Supervisors are to coordinate with their Director and LMER, Disability Program Manager, Equal Employment opportunity Manager, and Legal to ensure a proper temporary or provisional decision are made.
- The EEO Office must establish a system of record to track processing of requests for reasonable accommodation and maintain records related to requests for accommodation and disposition of those requests, including supporting medical documentation.

Reasonable Accommodation Process, Continued

**Comment on
the role of the
Health Clinic**

With respect to the foregoing process, the SOUTHCOM Health Clinic (SCHC) is a staff advisory resource, to be consulted by supervisors, managers, and staff to assist in understanding medical aspects of accommodation. The following observations are noted:

- The decision to make an accommodation is a management determination, not a medical determination
- Nothing in this process map limits the ability or availability of the Medical Director to advise supervisors and staff in the accommodation process
- Although supervisors may review relevant portions of an employee's medical record at the SCHC, the SCHC is not a treatment facility and supervisors should obtain medical-related documentation from the employee, especially pertaining to job-related limitations
- Supervisors should consult the Medical Director if they have a question about whether a particular work assignment violates a medical limitation.
- All situations referred to the SCHC will result in written documentation, typically a Health Clinic Pass or a Memorandum depending on the scope of the clinic visit. That documentation must be made a part of the management file.

Approved this 15 day of October, 2020

Cesar Vargas
Equal Employment Opportunity - Manager
United States Army Garrison-Miami

Encl's:

Encl. 1 – DD Form 2870, Authorization for Disclosure of Medical or Dental Information

Encl. 2 – Appendix B, Request for Reasonable Accommodation

Encl. 3 – Appendix C, Reasonable Accommodation Request Resources

Encl. 4 – Appendix E, Denial of Reasonable Accommodation

Encl. 5 – Appendix F, Reasonable Accommodation Information Report

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one)	
	<input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH

SECTION II - DISCLOSURE

6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO:
 (Name of Facility/TRICARE Health Plan)

a. NAME OF PERSON OR ORGANIZATION TO RECEIVE MY MEDICAL INFORMATION	b. ADDRESS (Street, City, State and ZIP Code)
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)

<input type="checkbox"/> PERSONAL USE	<input type="checkbox"/> CONTINUED MEDICAL CARE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> INSURANCE	<input type="checkbox"/> RETIREMENT/SEPARATION	<input type="checkbox"/> LEGAL	

8. INFORMATION TO BE RELEASED

9. AUTHORIZATION START DATE (YYYYMMDD)

10. AUTHORIZATION EXPIRATION
 DATE (YYYYMMDD) ACTION COMPLETED

SECTION III - RELEASE AUTHORIZATION

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
--	---	---------------------

SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:

**APPENDIX B
CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATIONS**

1. INDIVIDUAL INFORMATION

Applicant or Employee Name (Last, First, MI): _____ Phone: _____

Pay Plan, Series, Grade: _____ Email: _____

Job Title: _____ Date of Request: _____

Organization: _____ UIC: _____

Form Completed by: _____ Date Form Completed: _____

Phone: _____ Email: _____

2. ACCOMMODATION REQUESTED: *(Be as specific as possible, e.g... Sit-n Stand, CPU Reader, Interpreter, Telework, FMLA, Weather or Safety Leave, Telework, Alternate Work Scheduled*
The USANEC must approve all special software prior to installation

3. REASON FOR REQUEST: *Be cautious "NOT" to provide any sensitive medical information that may violate the HIPAA Act of 1996, Public Law 104-191.*

If accommodation is time sensitive, please explain:

Provide Form to Supervisor, Supervisor Forward to EEO

4. Supervisor Signature Acknowledge Receipt: _____ **Date:** _____

5. Docket Number: *(EEO Office will assign number)* _____ **Date:** _____

NOTE: This form should be completed by the employee making the reasonable accommodation (RA) request and provided to his/her supervisor. An applicant should return the form to any Army employee with whom the applicant has had contact in connection with the application process. If third party is completing the form on behalf of the employee or a management official is documenting an oral RA request, a copy of the completed form will be provided to the employee to confirm receipt of the RA request. Supervisors must provide a copy of this form to the EEO Office or Disability Program Manager, who will assign a log number and return a copy of the form to the supervisor.

APPENDIX C

REASONABLE ACCOMMODATION REQUEST RESOURCE

- A discussion between management and an employee as part of the interactive process to discuss or clarify the employee's need for an accommodation or to explore potential accommodations might include topics such as the following (as applicable to the particular situation):
 - How is the employee's ability to perform job duties affected by the medical condition?
 - Which job duties are affected?
 - What suggestions does the employee have for accommodation?
 - Is there more than one accommodation that would allow the employee to perform the essential functions of the position?
- If a meeting with the employee is needed as part of the interactive process, has the Civilian Personnel Advisory Center (CPAC) coordinated with the employee's bargaining unit representative (if applicable)?
- Which, if any, of the accommodations being considered are available? Which are reasonable?
- Is there a need to consult with a resource specializing in rehabilitation and accommodation issues, such as the Computer/Electronic Accommodation Program (CAP) officials?
- Is any coordination needed with facilities or fiscal managers?
- Prior to implementing a reasonable accommodation, has the CPAC coordinated with the employee's bargaining unit representative (if applicable)?
- Has the Disability Program Manager been consulted prior to requesting medical information?
- Has the servicing agency attorney/labor counselor conducted a legal review prior to denial of a requested accommodation or the particular accommodation requested?

**APPENDIX E
DENIAL OF REASONABLE ACCOMMODATION REQUEST**

Log Number: _____

1. Individual Requesting Reasonable Accommodation: _____.
2. Type(s) of accommodation requested: _____.
3. Request for accommodation denied because (**double click to check all that apply**)
 - Accommodation Would Cause Undue Hardship
 - Medical Documentation Inadequate
 - Accommodation Would Require Removal of one or more essential job functions
 - Other (Please identify) _____.
4. Detailed Reason(s) for the denial of requested accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship): _____

_____.
5. If the individual proposed one type of reasonable accommodation which is being denied but rejected on offer of a different type of reasonable accommodation, explain both the reasons for denial of the requested accommodation and why the chosen accommodation is effective.

_____.
6. An individual who disagrees with the denial of an accommodation request is encouraged to initiate alternate dispute resolution (ADR) through any applicable ADR process established by the Army.
7. If the individual wishes to file an EEO complaint, or pursue Merit Systems Protection Board (MSPB) appeal and union grievance procedures (if applicable), s/he must take the following steps. The time limits for these steps apply whether or not the individual has initiated ADR:
 - For an EEO complaint pursuant to 29 C.F.R. 1614, contact an EEO counselor within the Equal Employment Opportunity Office *within 45 calendar days from the date of the notice of denial of accommodation request, or*
 - For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement; or
 - Initiate an appeal to the MSPB *within 30 calendar days of an appealable adverse action as defined in 5 C.F.R. § 1201.3.*

Printed/Typed Name and
Signature of Deciding Official

Date requested Accommodation Denied

Employee Signature Acknowledging Receipt

Date of Receipt

APPENDIX F
REASONABLE ACCOMMODATION INFORMATION REPORT

To be completed by manager/official who processed the accommodation request. Once completed, submit to local Disabilities Program Manager (EEO Office). (Use additional sheet if necessary)

1. Request for Accommodation: (check one):
 Approved Denied (Attach copy of written denial memo sent to individual.)

Date reasonable accommodation requested: _____ (Doc # RA-MIAMI _____)

2. Who received the initial request: _____

3. Date reasonable accommodation request referred to decision maker (i.e., supervisor, Office Director).

4. Name and position of Decision Maker: _____

5. Date request approved or denied: _____

6. Date reasonable accommodation was provided (if different from date approved): _____

7. If the period outlined in the Reasonable Accommodation Procedures was not met, (30 Days) explain why:

8. Job held or desired by individual requesting reasonable accommodation:
• Occupational Series: _____, Grade _____ Directorate _____

9. Reasonable Accommodation needed for: (Check one)
 Application Process
 Performing Job Functions or Accessing the Work Environment
 Accessing a Benefit or Privilege of Employment (e.g., attending a training program)
 Ergonomic Needs
 Other _____

10. Type(s) of reasonable accommodation requested (e.g., adaptive equipment, staff assistant, telework, alternate work scheduled, removal of architectural barrier). _____

11. Type(s) of reasonable accommodation provided (if different from request). _____

12. From what organization was, adaptive equipment obtained? (If applicable) _____

13. Was medical information required to process this request? If yes, explain why?

14. Sources of technical assistance, if any consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network (JAN), Computer/Electronic Accommodation Program (CAP), or Disability Program Manager (DPM). _____

Submitted to EEO By:

Name: _____ Organization: _____

Phone: _____ Email: _____

Signature _____ Date Submitted _____