

# Reasonable Accommodation How to Guide

## (For Supervisors)

### What to know before you begin:

- The employee must be a qualified individual with a disability
  - You'll need to know how the employee meets the definition of a qualified individual with a disability under the Rehabilitation Act (definitions below)
    - ✓ Individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having an impairment (regardless of whether or not it limits or is perceived to limit a major life activity)
    - ✓ Qualified individual with a disability is an individual with a disability, who satisfies the requisite skill, experience, education and other job-related requirements of the employment position such individual holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of such position
  - Sufficient medical documentation may be needed regarding
    - ✓ Nature, severity, and duration of the impairment
    - ✓ Activity or activities that the impairment limits
    - ✓ Extent to which the impairment limits your ability to perform the activity/activities
    - ✓ Why you require reasonable accommodation
- You'll need to know
  - ✓ The precise nature of the workplace that is generating the request
  - ✓ How a disability is prompting the need for an accommodation in the essential functions of the assigned position
  - ✓ Possible alternative accommodations that may be effective in meeting the employees need for reasonable accommodation
- Essential functions are the functional job duties of the employment position the individual with a disability holds or desires
  - ✓ The term essential functions does not include the marginal functions of the position
  - ✓ Determination of the essential functions of a position must be conducted on a case-by-case basis so that it reflects the job as actually performed and not simply the components of the generic position description

**NOTE:** Lowering or changing a performance standard because an employee cannot meet it due to a disability is **NOT** considered a reasonable accommodation.

## STEP 1: Send an email to the employee with the How to Guide for Employees

### Suggested email verbiage:

- ✓ You have indicated that a disability exists that may limit your ability to perform the job. If you wish to request a reasonable accommodation, please submit an electronic request using the instructions in the attached how to guide. You have **7 calendar days** to respond.
- ✓ Courtesy copy [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)

## STEP 2: Requestor, Supervisor and Disability Program Manager (DPM) will be notified by email upon submission which initiates the interactive process

Subject CUI/PII: RAR Submission Review for Supervisor

- ✓ Review the details of the request and click on:
  - “Validated” to **acknowledge** the request
  - “Denied” if the request is invalid
  - “Reassign” if the approval should be redirected to another individual
- ✓ Requests can also be view on the portal,  
<https://usaf.dps.mil/teams/ReasonableAccommodationRequestPublicTeam/SitePages/Reasonable-Accommodation-Request-and-DPM-AEPM-Site.aspx>

**NOTE:** Per DAFI 37-2710, it's the supervisor's responsibility to provide the employee with a written response within 30 days from date of request, unless there are extenuating circumstances (i.e., awaiting employee to provide medical documentation).

## STEP 3: You will do the following:

- ✓ Ensure essential functions of the position are identified & accurate
- ✓ Ensure information provided on the RAR 1 by employee
  - Clarifies the precise job-related limitations
  - Identifies how those limitations could be overcome with a reasonable accommodation
- ✓ Engage in an "informal, interactive process" with the employee to identify the limitations caused by the disability and the potential reasonable accommodations to overcome those limitations. The process requires a meaningful dialogue with the employee to find the best means of accommodating that disability.
- ✓ Determine if medical documentation is required  
(*This documentation is used to determine if the employee is a qualified individual with a disability, to identify functional limitations & to determine appropriate accommodations*)
  - Is the disability/need for reasonable accommodation obvious?
  - If the disability is NOT obvious and medical documentation is required, **complete** RAR Form 3, *Request for Medical Information*, RAR Form 5, *Medical Release*, and position description (core doc) then send to your employee.

### Suggested email verbiage:

Sufficient medical documentation is needed in order to determine if you're a qualified individual with a disability, identify functional limitations and to determine appropriate accommodations. IAW DAFI 36-271, 13.4., sufficient documentation, is documentation describing the disability; its nature, severity, and duration; and the extent to which it limits the employee's ability to perform the activity or

activities. Please sign the attached RAR Form 3, RAR Form 5 and return to me. You have **15 calendar days** to provide sufficient medical documentation. Your failure to provide medical documentation within this timeframe is interpreted as your withdrawal from the reasonable accommodation interactive process.

- Courtesy copy [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)
- Send complete/signed RAR 3 & RAR 5 to [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)

**STEP 4: Determine if medical documentation is sufficient to make a determinate.**

- ✓ If medical documentation provided by employee is not sufficient for you to make a determination, complete RAR Form 4, *Request for Supplemental Medical Documentation*, sign and send to employee.

**Suggested email verbiage:**

- The medical documentation given to me is insufficient. Sufficient medical documentation is needed in order to make a determination. IAW DAFI 36-2710, 13.4. sufficient documentation, is documentation describing the disability; its nature, severity, and duration; and the extent to which it limits the employee's ability to perform the activity or activities. Please sign the attached RAR Form 4 and return to me. You have **15 calendar days** to provide sufficient medical documentation. Your failure to provide medical documentation within this timeframe is interpreted as your withdrawal from the reasonable accommodation interactive process.
- Courtesy copy [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)
- Send complete/signed RAR 4 to [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)

**\*\*\*\*RA requests for full-time telework or remote telework must request Center Level.\*\***

**Complete and issue the RAR Form 7R to the employee. Upload RAR Form 7R into MAT for CA approval.**

**Suggested verbiage:** This is a full-time telework request in conjunction with a reasonable accommodation request. Such telework request should be expedited to align with the timelines outlined in DAFI 36-2710. First level supervisor is willing to allow full time telework as a reasonable accommodation and most generally reasonable accommodations are an interactive process between employee and lowest level supervisor."

**STEP 5: Once you have sufficient medical documentation to make an informed decision, you'll make one of the following decisions and document on the RAR Form 7R. Your decision will be communicated to the employee via the RAR Form 7R.**

- ✓ Grant the accommodation pending CA
  - You will complete RAR Form 7R Decision Conditional Approval, issue to the employee, employee will sign and date under accepted or rejected decision
  - Submit request with RAR Form 7R into MAT for coordination to CA
  - Once CA is received provide final approval notification to employee and send to [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)

✓ **Suggested email verbiage:**

- The decision on your request is attached via the RAR Form 7R pending CA. Please review, select a signature option on the form, sign and return to me within 7 calendar days. Your failure to respond within the timeframe is interpreted as acceptance of the RAR Form 7, as written.

- If employee accepts, send signed RAR 7R send to [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)
  - If employee rejects, issue the RAR Form 8 to employee, then send RAR 7R & RAR 8 to [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)
- ✓ Grant an accommodation other than the one requested
- On the RAR Form 7\_Decision\_Grant, you will state:
    - Reasons for not granting
    - Why alternate reasonable accommodation will be effective
    - When alternate reasonable accommodation will be implemented
  - You will sign, date and issue RAR 7 to the employee to sign accepting or rejecting your decision
  - My decision is attached via the RAR Form 7. Please review, select a signature option on the form, sign and return to me within **7 calendar days**. Your failure to respond within this timeframe is interpreted as acceptance of the RAR Form 7, as written.
  - If employee accepts, send signed RAR 7 to [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)
  - If employee rejects, complete, sign and issue the RAR Form 8 to employee, then send RAR 7 & RAR 8 to [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)
- ✓ Recommend Denial of an accommodation
- You will provide a **detailed** justification in the RAR 7\_Decision\_Denial  
**NOTE: This is used to explain/justify your recommended denial to the Installation Commander. Provide as much detail as possible to defend your position**
  - You will sign as supervisor and date
  - Send to [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)
  - Reasonable Accommodation Manager will assist you with completion of the denial eSSS for legal coordination and final determination by the Installation Commander
  - My decision is attached via the RAR Form 7. Please review, select a signature option on the form, sign and return to me within **7 calendar days**. Your failure to respond within this timeframe is interpreted as acceptance of the RAR Form 7, as written.

#### Supervisor References/Resources:

- **Disability Program Manager: Sarah Dallis**
  - [88ABW.DE.DisabilityProgram@us.af.mil](mailto:88ABW.DE.DisabilityProgram@us.af.mil)
- **DAFI 36-2710, Chapter 13, Equal Opportunity Program**
- **DoDI 1035.01 DAFI 36-816, Civilian Telework Program**
- **Job Accommodation Network**
  - [www.askjan.org](http://www.askjan.org)
  - Click "Accommodation Search" for assistance with locating accommodation options
- **Computer/Electronic Accommodations Program (CAP)**
  - [www.cap.mil](http://www.cap.mil)