

Procedures for Providing Reasonable Accommodation for Individuals with Disabilities

**HUD FORM 1000, ACCOMMODATION REQUEST FOR  
PERSONS WITH DISABILITIES**

Accommodation Request For Persons With Disabilities	U.S. Department of Housing and Urban Development Office of Administration		
Disability Program Manager >	Control Number: RA- _____	Date: _____	
	Control Number (RA-Fiscal Year (e.g. 2002)-Sequential # Assigned by Disability Program Manager)		
<i>Administrative Instructions</i>	Before completing this form, read the reverse. Entries: May be either handwritten or typewritten. Forms Supply: Use local office copier for initial supply and supply and providing completed copies. Copies Retained By: (1) Employee's Program Office; (2) Disability Program Manager; (3) Employee.		
Requester  Other, such as Immediate Supervisor, Employee Assistance Staff, Disability Program Manager, and Selective Placement Coordinator may help employee complete this section	Name _____ Date _____ Position Title _____	Signature _____ Organization _____ Series _____	SSN _____ Grade _____
Requester Comments May be completed if others initiate form. Otherwise, entry not required			
Receiving Official (e.g., Immediate supervisor, manager, Principal Organization Head, Disability Program Manager, Human Resources Staff, Employee Assistance Program Staff, or Employee/ Labor Relations Staff)	Date Received _____ Name _____ Comments _____	*Disapproved <input type="checkbox"/> Signature _____	Approved In Full <input type="checkbox"/> Approved In Part <input type="checkbox"/> Date _____
Concurrence/ Approval Employee Assistance Staff, Immediate Supervisor, Principal Organization Head, Disability Program Manager, etc.	Date Received _____ Name _____ Comments _____	*Disapproved <input type="checkbox"/> Signature _____	Approved In Full <input type="checkbox"/> Approved In Part <input type="checkbox"/> Date _____
Final Decision Immediate Supervisor, Principal Organization Head, Disability Program Manager (based on Reasonable Accommodation Committee)	Date Received _____ Name _____ Comments _____	Approved with changes <input type="checkbox"/> *Disapproved <input type="checkbox"/> Signature _____	Approved <input type="checkbox"/> Date _____
Funds Availability Office of the Chief Financial Officer	Date Received _____ Name _____ Comments _____	Not Available <input type="checkbox"/> Signature _____	Available <input type="checkbox"/> Date _____

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\* If disapproved, complete HUD Form 11600.

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<p>Privacy Act Statement</p>	<p>The Department of Housing and Urban Development (HUD) is authorized to collect this information under Section 501 of the Rehabilitation Act, as amended. The information provided by you will be used primarily to facilitate the processing of your request. Additional uses of the information may be to disclose information to: appropriate Federal, State or Local agencies when relevant to civil, criminal or regulatory investigations or prosecutions, when necessary to adjudicate a claim for benefits or to comply with a law governing the reporting of communicable diseases to Federal agencies in connection with a decision in hiring, retention or the granting of a security clearance; and to Federal agency, court or a party in litigation when HUD is a party to the proceedings or is served with a subpoena. Furnishing of the information is voluntary; failure to fully complete this form may make it impossible for the Department to process the request.</p>
<p>Notice To The Employee With A Disability</p>	<p>If your accommodation request is denied, you have a right to file either an Equal Employment Opportunity (EEO) Discrimination Complaint or a Grievance under the negotiated Union/Management Agreement procedures.</p>
<p>Completion Instructions</p>	<p>Requester Section and Requester Comment Section - to be completed by the employee or on behalf of the employee. Describe the medical condition/limitation and state the reason the accommodation is needed. Identify suggested accommodation or state if an appropriate accommodation is not known. Provide alternative accommodation(s) where possible. Explain what medical documentation is provided (attached) to support the request. If none is considered necessary, so indicate. Include, in the Requester Comment Section, any additional recommendation or comments. This section should also be completed when the form is initiated on behalf of the employee.</p> <p>Receiving Official Section - to be completed by person who receives the request. Indicate date request received; recommended action; justification for recommendation; and signature and date. In the event that the recommended action is disapproved, the comments portion should address one of the following:</p> <ul style="list-style-type: none"> <li>♦ Employee does not have a disability.</li> <li>♦ Employee has a disability, but no accommodation is needed.</li> <li>♦ The requested accommodation would impose an undue hardship on the Agency.</li> <li>♦ There is a more appropriate accommodation available.</li> </ul> <p>Concurrence/Approval Section - to be completed by the management official who reviews the request. (e.g., Immediate supervisor, manager, Principal Organization Head, Disability Program Manager (based on Reasonable Accommodation Committee) In the event that the recommended action is disapproved, HUD Form 11600, Denial of Reasonable Accommodation Request, must be completed and forwarded to the Disability Program Manager/Reasonable Accommodation Committee for review. The comments/justification should address the following:</p> <ul style="list-style-type: none"> <li>♦ Date Request Received</li> <li>♦ Recommended Action</li> <li>♦ Recommended Action</li> <li>♦ Adequacy of Medical Documentation</li> <li>♦ Signature and Date</li> </ul> <p>Final Decision Section - to be completed by the Decision Maker on the request. e.g., Immediate supervisor, , manager, Principal Organization Head. In the event that the final action is approved, identify selected reasonable accommodation in the comments section. In the event that the recommended action is disapproved, HUD Form 11600, Denial of Reasonable Accommodation Request, must be completed and forwarded to the Disability Program Manager/Reasonable Accommodation Committee for final review.</p> <p>Funds Availability Section - to be completed by the Office of the Chief Financial Officer.</p>
<p>Form Distribution</p>	<p>Copies of this form should be retained, after completion, by the following:</p> <ul style="list-style-type: none"> <li>♦ Employee</li> <li>♦ Originating Office's Administrative Office (if involved in the process)</li> <li>♦ Disability Program Manager (original and supporting documentation, if any)</li> <li>♦ Office of the Chief Financial Officer (Funds Availability Approval Office)</li> </ul> <p>(Attach additional pages, if necessary)</p>

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