

REASONABLE ACCOMMODATION REQUEST

GS 30 (NEW 1-98)

SECTION I--COMPLETED BY EMPLOYEE

EMPLOYEE'S NAME	CLASSIFICATION	BARGAINING UNIT NUMBER
OFFICE NAME	UNIT/SECTION NAME	

IDENTIFY THE SPECIFIC PHYSICAL OR MENTAL LIMITATION WHICH REQUIRES ACCOMMODATION. CHECK THE APPROPRIATE BOXES.

- DEVELOPMENTAL HEARING MENTAL PHYSICAL SPEECH
 VISUAL OTHER (Describe)

Provide a general description of the disability and attach a medical doctor's verification. If purchase of a prescriptive device is recommended, attach the medical doctor's prescription.

IDENTIFY THE TYPE OF ACCOMMODATION REQUESTED. CHECK THE APPROPRIATE BOX.

- ARCHITECTURAL CHANGES ASSISTIVE DEVICE OR EQUIPMENT JOBSITE MODIFICATION RESTRUCTURE JOB DUTIES SUPPORT SERVICES
 OTHER (Specify)

PROVIDE NAME(S) OF TREATING PHYSICIAN FOR THIS CONDITION

PROVIDE THE NAME(S) OF VENDOR(S) AND APPROXIMATE COST OF EQUIPMENT OR ASSISTIVE DEVICE IF KNOWN

DESCRIBE HOW ACCOMMODATION WILL ENABLE YOU TO PERFORM THE ESSENTIAL DUTIES OF THE POSITION

DESCRIBE ALTERNATE METHODS OF PROVIDING THE ACCOMMODATION

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION**TO: Any treating doctor who is in the possession of medical records pertaining to:**

NAME

ADDRESS

In order to assist in a determination of my employment status with the State of California, I authorize you to copy and to transmit to the Department of General Services any and all data and records concerning my physical or mental health. Records are to be sent to:

Department of General Services
 Personnel Manager
 1325 J Street, Suite 1714, Suite 1714
 Sacramento, CA 95814

This authorization shall be valid for a period of 90 days after the date of my signature or earlier if revoked by me in writing to the Department of General Services. I hereby acknowledge that I have been informed of my right to receive a copy of this authorization upon request.

EMPLOYEE'S SIGNATURE

DATE SIGNED

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SECTION II--MEDICAL VERIFICATION**MEDICAL VERIFICATION MUST ACCOMPANY AN EMPLOYEE'S REQUEST FOR REASONABLE ACCOMMODATION**

The documents substantiating a medical recommendation for reasonable accommodation must meet, at a minimum the criteria listed below:

- A. Documentation must be written on the official letterhead of the treating doctor.
NOTE: Acceptable treating doctors are doctors of Medicine (M.D.), Chiropractic (D.C.), Osteopathic (D.O.), Podiatry (D.P.M.), or Psychology (Ph.D.).
- B. Be dated and signed by the treating doctor.
- C. Describe the disability in detail as it currently exists and only in relationship to the job and whether the disability is permanent or temporary. If temporary, specify date the disability is expected to end.
- D. Describe the limitations caused by the disability: e.g., no prolonged walking (describe how far); no prolonged sitting (describe how long and in what setting); rest periods needed (how often and for how long), etc.
- E. The documents must indicate the extent to which the accommodation will permit the employee to perform the essential functions of the job.

If insufficient information is received, additional information will be required in order to accurately assess the requested accommodation. All persons receiving a reasonable accommodation will be asked to complete A T-SPB 131 (State Employee Disability Questionnaire) upon notification of the approval of the accommodation.

SECTION III--COMPLETED BY SUPERVISOR (Within 5 working days of the receipt of a complete request)**RECOMMENDATION TO:**

- APPROVE MODIFY (*Attach description*) DENY (*Attach reason*)
- FUNDING SOURCE AND BUDGET LINE ITEM IDENTIFIED (*If necessary to provide accommodation*)

SUPERVISOR'S SIGNATURE	DATE SIGNED
OFFICE CHIEF'S SIGNATURE (<i>Or designee</i>)	DATE SIGNED

SECTION IV--COMPLETED BY PERSONNEL ANALYST (Within 15 working days of the receipt of a complete request)

- APPROVED MODIFIED (*Attach description*) DENIED (*See attached*)

PERSONNEL ANALYST'S SIGNATURE	DATE SIGNED
PERSONNEL MANAGER'S SIGNATURE	DATE SIGNED

Employee must be notified, in writing, within 20 working days of the results of the completed request with all information needed and informed of the appeal process.

If the reasonable accommodation request is denied, or if the department has not responded in writing within 20 working days of the receipt of the complete request, the employee may file an appeal with the State Personnel Board, Appeals Division, 800 Capitol Mall, Sacramento, CA 95814. Employees have the concurrent right to appeal to the Department of Fair Employment and Housing and the Federal Equal Employment Opportunity Commission.