



UNITED STATES POSTAL SERVICE
District Reasonable Accommodation Committee

REFERRAL FOR REASONABLE ACCOMMODATION CONSIDERATION

SUBMIT TO DRAC CHAIRPERSON
 LABOR RELATIONS
 1675 7TH STREET, ROOM 421
 OAKLAND Ca 94615-9401

Employee:	
Job Title:	
Workhours:	
Supervisor:	

Facility	
Pay Location:	
Date of Report:	

The above employee indicates a mental or physical condition which may affect the performance of his/her current position and light duty has already been addressed. This may be a permanent condition and indicates the need to consider further accommodation, either in the current or potential new position.

Instructions to Supervisor:

Complete the following questions and attach documentation to support responses.

SUPERVISOR:

Narrative of situation: _____

How and what did the person request for accommodation? _____

Date you discussed the reasonable accommodation referral with employee: _____

Did the employee agree? Yes _____ No _____

Supervisor: Signature: _____ Date: _____

 Print Name

 Office Phone Number

CC: KOM: