Appendix F: Reasonable Accommodations Counseling Checklist for Job Search

Name:Position	: _
REQUIRED DOCUMENTS	
DHA Form 31 Request for Reasonable Accommodation	
Supervisor Response to Request	
Resume	
Supporting Medical Documents (as needed)	
GENERAL ACKNOWLEDGMENT	
1 I understand that I will be considered fo XXXXXX, based on my request for reasonab	•
2 I understand that a job search will be conducted for approximately thirty days, beginning	
3 I understand that I will only be considered for placement in positions that I am qualified for and that I am able to perform the essential functions of the duties with or without reasonable accommodations.	
4 I understand that I will be considered for positions at my current grade. At my discretion, I may make myself available for placement consideration for positions up to one grade lower than my current grade.	
5 I (do/do not) wish to be considered for lower graded positions.	
6 I understand that if placed in a lower-graded position, I may be eligible for pay retention, IAW DoDI 1400.25, Volume 536, Para 3(c)(5), based on placement due to a medical condition.	
7 I understand that I will only receive one offer of placement. Declination of that offer will end any further job search opportunity.	
8 I understand that after the thirty-day search, if XXXXXX is unable to identify a position for placement, I may be subject to removal due to medical inability to perform the essential duties of my current position.	
Employee's Signature Da	ite
HR Specialist Signature Da	ate