



OFFICE OF CIVIL RIGHTS
DISABILITY EMPLOYMENT | REASONABLE ACCOMMODATION
DESIGNATION OF REPRESENTATIVE FORM

PRIVACY ACT STATEMENT: Pursuant to the Privacy Act of 1974, 5.U.S.C. § 522a, USAID furnishes the following statement to individuals supplying information for a request for a reasonable accommodation at USAID.

AUTHORITY: Sections 501, 504, and 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 791, 794, 794d.

PURPOSES: USAID collects this information for use in determining whether individuals are entitled to a reasonable accommodation. This information is collected and maintained by USAID.

ROUTINE USES: Information collected in connection with a request for reasonable accommodation is confidential. It is shared only with Agency officials or Agency contractors who need to review the information to make determinations on a reasonable accommodation request.

EFFECT OF NONDISCLOSURE: **Supplying the information is voluntary on your part.** However, without requested information, USAID will not be able to process requests for reasonable accommodation.

SORN: USAID-32 Reasonable Accommodation Records

INSTRUCTIONS: The form is self-explanatory. Please provide the name of the individual representing you. Submit your completed form by email as an attachment. You should ensure that the security of your email is adequate for transmitting sensitive information before submitting your request because the form contains your personally identifiable information. If submitting via email, we recommend that you encrypt your message, and use the same email address to send a password in a separate email message. Please send the form to reasonableaccommodations@usaid.gov.



USAID
FROM THE AMERICAN PEOPLE

DESIGNATION OF REPRESENTATIVE FORM

I, _____, do hereby designate:
(Name)

(Name of attorney or representative)

Please check one: Attorney Representative

(Office address)

(City, state, zip code)

(Email address)

Office telephone number)

To act on my behalf as my attorney/representative in all matters pertaining to my:

Reasonable Accommodation _____ (Reasonable accommodation number) submitted
on _____ (Date submitted).

Under ADS 111, Procedures for Providing Reasonable Accommodation (ADS 111.3.1.1 Initiating a Request), I authorize the above named individual or organization to:

- Advise, assist, and counsel me throughout the entire interactive process on my reasonable accommodation request.
- Represent and/or accompany me during any interactions with the Office of Civil Rights, Disability Employment Division (OCR/DE) in the assessment of my reasonable accommodation request and to negotiate and accept on my behalf in the selection of the accommodation.
- Receive any information concerning my reasonable accommodation request(s) from OCR/DE, the Office of Medical Services (MED), the Office of the General Counsel (GC) or any other offices involved in the administrative processing of my request. This includes, but is not limited to, copies of any communications addressed to me, copies of documents, medical documentation for me related to the reasonable accommodation process, documentation regarding my position related to the reasonable accommodation process, or correspondence or reflections of correspondence under [ADS 111.3.1.3](#), The Interactive Process.
- Receive any information concerning any denials of my reasonable accommodation request(s) from the OCR/DE regarding my appeal on any denial of my request under ADS 111.3.5.2, Denying an Accommodation Request, and any subsequent informal dispute resolution process under [ADS 111.3.5.3](#), Informal Dispute Resolution Process – Reconsideration of Reasonable Accommodation Decision.



I understand that I continue to be responsible for taking all necessary actions in processing my reasonable accommodation request. I also acknowledge my responsibility to notify OCR/DE immediately should this designee no longer be authorized to act as my representative.

(Individual's signature)

(Date mm-dd-yyyy)

CANCELLATION OF DESIGNATION

- Designation of the individual or organization may be canceled upon written notice to the OCR Reasonable Accommodation Program Manager (RAM).
- A subsequent designation automatically cancels a previous designation.
- The individual or organization is responsible for notifying the representative of the cancellation of designation.
- Should the representative cancel the designation, it is the representative's responsibility, and not that of the RAM, to notify the individual of such action.