

C. CHRISTOPHE GAY, M.D., P.A.

FAMILY PRACTICE

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October 23, 2018

To Cadre Management Team, FFMA

It has come to my attention that Max Meindl is unable to properly care for his coronary Artery Disease and the resultant edema. Because of his prolonged commute time he is unable to comfortably take all his medications properly. This is adversely affecting his health. As I understand there is Tele-Work available to him. This would greatly Benefit his overall health, both in the ability to sleep better and to take his meds properly. The Tele-Work does not have to be daily, but needs to be made available when his health condition waves and needs immediate attention. I foresee that improving his work condition with Tele-Work modifications should also improve his work production.

Sincerely,

C. Christophe Gay MD, PA

A handwritten signature in black ink, appearing to read 'C. Gay MD'. The signature is fluid and cursive, with a large 'C' at the beginning and a stylized 'Gay' followed by 'MD'.

**DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR REASONABLE ACCOMMODATION**


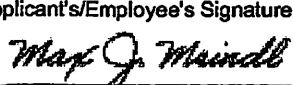
Privacy Act Statement

Authority: The Privacy Act of 1974 (Privacy Act), 5 U.S.C. § 552a as amended, requires that you provide FEMA with certain information in order to process a request. The Rehabilitation Act of 1973, 29 U.S.C. § 701 as amended, stipulates that Federal agencies must provide reasonable accommodation to qualified individuals with disabilities. Further, Executive Order 13164 mandates that Federal agencies provide written procedures for requesting reasonable accommodations and maintain records in order to monitor the procedure's effectiveness.

Purpose: To provide reasonable accommodations to employees and applicants with disabilities according to Executive Order 13164.

Routine Uses: The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ALL-033 - Reasonable Accommodations Records System of Records, 76 Fed. Reg. 41,274 (July 13, 2011) and upon written request, by agreement, or as required by law.

Disclosure: FEMA's obligation to consider an individual's request for reasonable accommodation begins when the individual makes the request. However, the Request for Reasonable Accommodation form should be filled out as soon as possible following a request. The disclosure of information on this form is voluntary; however, failure to provide the requested information may prevent FEMA from accommodating your request.

1. Applicant's/Employee's Name Max J Meindl	2. Telephone Number (202) 374-9426
3. Organization/Office Department of Homeland Security, Federal Emergency Management Agency, Regional Offices, Region Six, Regional Administration	4. Date of Request 08/20/2018
5. Accommodation Requested (Be as specific as possible, e.g., sign language interpreter, or adaptive equipment such as voice recognition/keyboards, screen readers/magnification, etc.): Tele-work/flexible work option as required to accommodate medical condition.	
6. Reason for Request: Occasional Tele-work would assist job performance relating to physical/medical constraints. My work is portable and can be performed effectively outside the office; tasks are easily quantifiable or primarily project-oriented; tasks can be scheduled as single blocks of time; and tasks don't require frequent interaction with a formal/informal work-team or necessitate frequent ad hoc meetings. I have exhibited myself as an individual with self-starter characteristics, good organizational skills, and I can function independently. I have a disability, Coronary Artery Disease (Heart Condition), leading to potential CHF or Congestive Heart Failure as advised by my primary care provider with the VA Health Services. It is allegedly a terminal illness with its own set of unique indicators and symptoms. (Symptoms and conditions are and include the following: fatigue, irregular heartbeat, chest pain that radiates through the upper body, swelling in your ankles, feet, and legs, a cough that develops from congested lungs, rapid breathing, weight gain, wheezing. In some instances, patients are awakened at night, gasping for air. Some may be unable to sleep unless sitting upright.) I experience many of the referenced conditions, the swelling of my legs, ankles and feet and fluid accumulation in the lungs are the conditions that have my primary attention, but the shortness of breath and other conditions are in the mix. I mention these conditions because they make me physically uncomfortable and I may appear to fidget or move around in my chair, cross and uncross my legs or slouch to extend my legs and feet out to alleviate the pressure I feel from the fluid buildup.	
7. If accommodation is time sensitive, please explain: <div style="text-align: right; margin-top: 100px;">  23 Oct 18 </div>	
8. Applicant's/Employee's Title Emergency Management Specialist (Recovery)	9. Applicant's/Employee's Signature 
10. Date Aug 16, 2018	

MANAGEMENT RESPONSE TO REQUEST FOR REASONABLE ACCOMMODATION

11. Request for Reasonable Accommodation (check one): <input type="checkbox"/> Granted <input type="checkbox"/> Interim/Alternate Granted (Provide comments in number 16) <input type="checkbox"/> Denied (if denied, answer questions in number 13)		
12. Applicant's/Employee's Name		
13. Request for Reasonable Accommodation Denied Because (May check more than one box): <input type="checkbox"/> Accommodation Ineffective <input type="checkbox"/> Accommodation Would Cause Undue Hardship <input type="checkbox"/> Accommodation Would Require Removal of an Essential Function of the job <input type="checkbox"/> Medical Documentation Inadequate <input type="checkbox"/> Accommodation Would Require Lowering of Performance or Production Standard <input type="checkbox"/> Other (Please identify):		
14. Detailed reason(s) for the denial of reasonable accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship):		
15. If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of reasonable accommodation, explain both the reason for the denial of the requested accommodation and why you believe the chosen accommodation would be effective:		
16. Comments		
17. If an individual wishes to request reconsideration of this decision, she/he must take the following steps: <ul style="list-style-type: none"> <input type="radio"/> An employee may appeal directly to his/her Second Level Supervisor. The employee may present additional information in support of his/her request. <input type="radio"/> An applicant may appeal directly to the Disability Employment Program Manager of the Office of Equal Rights. The applicant may present additional information in support of his/her request. 		
18. If an individual wishes to file an EEO Complaint, or to pursue MSPB or union grievance procedures, she/he must take the following steps: <ul style="list-style-type: none"> <input type="radio"/> For an EEO complaint pursuant to 29 C.F.R. 1614, contact an EEO Counselor in the Office of Equal Rights within 45 days from the date of this denial of reasonable accommodation; or <input type="radio"/> For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement; or <input type="radio"/> Initiate an appeal to the Merit Systems Protection Board within 30 days of an appealable adverse action as defined in 5 C.F.R. 1201.3 		
19. Name Of Deciding Official	20. Signature Of Deciding Official	21. Date

1 Copy of this form must be provided to the employee or applicant who made the request.

1 Copy of this form must be provided to the Disability Employment Program Manager of the Office of Equal Rights.