

**MEMORANDUM OF UNDERSTANDING (MOU)  
BETWEEN  
INTERNAL REVENUE SERVICE AND NATIONAL TREASURY EMPLOYEE'S  
UNIONS (NTEU) CHAPTER 73 AND CHAPTER 9  
REGARDING HANDICAP AND REASONABLE ACCOMMODATION (RA) PARKING  
AT THE CINCINNATI INTERNAL REVENUE SERVICE CENTER (CIRSC)**

**PREAMBLE**

Parking facilities are provided free of charge, to CIRSC employees on official duty and authorized visitors. Parking and enforcement are necessary to ensure the safety of persons and property.

General parking spaces located directly on the CIRSC property are available for general use on a first-come/first-serve basis. However, some have been designated as reserved for use by special permit (carpool, handicap, Reasonable Accommodation (RA), Executive parking, and Employee of the year). Some parking spaces are assigned/reserved to individual employees.

**Introduction**

The purpose of this agreement is to revise parking regulations for use and control of the CIRSC parking facilities for temporary RA and Handicap parking only. Whenever "CIRSC" is used herein, it is intended to include the Gateway Center, Gateway Center-West, the 4<sup>th</sup> Street Center and all off-site locations under the responsibility of the Campus Senior Commissioner Representative's control.

**Scope**

These procedures apply to all CIRSC and non-CIRSC employees who use the CIRSC parking facilities for temporary RA and Handicap parking.

THE PARTIES HEREBY AGREE AS FOLLOWS:

**Section 1. Handicap Parking**

- A. The following procedures only apply to new applicants applying for handicap parking privileges. Employees who were previously assigned Handicap parking as of the last signature on this agreement will retain their current Handicap parking privileges and decal. This includes any previously "Assigned" or "Reserved" handicap parking. However, if for some reason an employee no longer needs handicap parking, it will be the employee's responsibility to return the handicap parking decal to the assigned Physical Security & Emergency Preparedness (PSEP) office.

- B. An employee must complete Form 13058, Request for Handicapped Parking Space (copy attached), in order to obtain a handicap parking decal providing authorization to park in a handicap parking space. The employee will complete Form 13058, Section I and route to his/her Employer for completion of Part III. Once the Employer completes Part III, the form will be returned to the employee and the employee will provide the completed Form 13058 to the assigned Equal Employment Office responsible for Reasonable Accommodations.
1. To be eligible to park in a handicap parking space at any CIRSC parking lot, in addition to completion of Form 13058, the employee must have either a state issued handicap placard or state issued plate on his/her vehicle. In addition, the employee must provide proof of ownership of the handicap placard/plate, i.e., receipt, vehicle registration.
  2. Handicapped employees, who need to park in an assigned parking space, must submit a completed Form 13058, Sections I and II. The request will be reviewed for consideration of a "reserved" handicap parking space. The assigned handicap parking space will be identified by the word "Reserved with a designated number". Any unassigned handicap parking spaces will be available on a first-come first-serve basis to those who are authorized to park in a handicap parking space.
- C. Those who complete Form 13058, whether they are requesting a "Reserved" parking space or not, but are waiting for the state issued handicap placard or state issued plate will be temporarily assigned a parking space for up to 60 days.
- D. Employees who normally transport other employees otherwise authorized for handicap parking may park in a handicap parking space as long as the handicap placard is clearly displayed. The handicap employee will be responsible for following the above procedures to acquire the appropriate parking decal and providing that decal to the employee designated as the driver of the handicap employee.
- E. In the event that all handicap parking spaces have already been assigned and the need for additional handicap spaces is identified, additional handicap parking spaces may be created by taking parking spaces from the RA parking.

## **Section 2. Temporary Reasonable Accommodation (RA) Parking**

- A. The following procedures only apply to new applicants applying for Temporary Reasonable Accommodation (RA) parking privileges. Employees who were previously assigned RA parking as of the last signature on this agreement will retain their current RA parking privileges and decal. However, if for some reason an employee no longer needs RA parking, it will be the employee's responsibility

to return the RA parking decal to the assigned Physical Security & Emergency Preparedness (PSEP) office.

- B. An employee must complete Section I of Form 10092, CIRSC Request for Temporary Reasonable Accommodation (RA) Parking Space (copy attached), and have his/her physician complete Section II of revised Form 10092, in order to obtain a temporary RA parking permit providing authorization to park in a temporary RA parking space. Temporary RA parking is defined as the ability to park in a parking space designated as RA up to 8 weeks. The completed Form 10092 will be submitted to the Site Coordinator's Office for assignment of a temporary parking permit. Employees requesting RA Parking are required to complete Form 10092.
- C. An employee who needs temporary RA parking beyond 8 weeks, but less than 1 year, must have his/her physician complete Section III recertifying his/her temporary disability. Once completed the Form 10092 must be provided to the Site Coordinator's Office. If the request goes beyond 1 year, the employee will need to follow the handicap procedures listed in Section 1, Handicap Parking, above.
- D. RA parking will be available on a first-come, first-serve basis to those who are authorized to park in a temporary RA parking space.

### **Adjustments to Parking**

Prior to adjusting the number of parking spaces assigned to general parking, handicap or temporary RA parking, NTEU will be notified and upon request provided with all information needed to determine the Agency's need to adjust the general parking, handicap and RA parking.

### **Formal 7114 Meeting**

Copies of this Agreement will be distributed by the Employer to affected employees. Subject to management's right to assign work, the Employer will hold a meeting with all impacted employees to go over the Agreement and answer any questions. Questions left unanswered will be answered within 7 days to all employees as well as NTEU. Employees will be given the Agreement prior to the meeting and allowed a reasonable amount of administrative time to read the Agreement. If workload prohibits time for the employees to read the Agreement prior to the meeting, a reasonable amount of time will be allowed for the employees to read the Agreement at the 7114 meeting. This meeting will be in accordance with the provisions of Article 8 of the National Agreement II.

### **Unanticipated Impact**

If either party becomes aware of some unanticipated impact that arises after implementation of this Agreement, the Employer or NTEU will contact the other party to

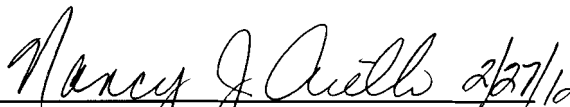
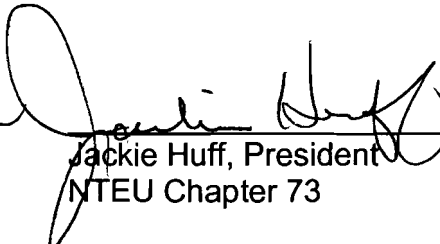
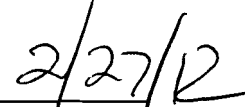
discuss and resolve. Neither party waives its rights under law, rule, regulation, or the provisions of the National Agreement II.


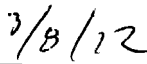
**Re-Opener**

Either party may re-open this Agreement at any time after it has been in effect for at least six (6) months and will do so by serving notice in writing.

**Effective Date/Term of Agreement**

This Memorandum of Understanding (MOU) becomes effective thirty-one (31) calendar days from this Agreement's execution date or upon Agency Head approval, whichever is earlier. Proposals declared nonnegotiable as the result of Agency Head review will not serve to stay the effective date for any remaining provisions of this Agreement. In the event of disapproval, the union will have the option of renegotiating the entire Agreement. This MOU will terminate with the expiration of the National Agreement II, unless extended by the national parties pursuant to Article 54, Section 2A.

 _____ Nancy J. Aiello Senior Commissioner's Representative Cincinnati Internal Revenue Service Campus	 _____ Jackie Huff, President NTEU Chapter 73	 _____ Date
---	---	---

 _____ Tim Feldman, President NTEU Chapter 9	 _____ Date
---	--

# Request for Handicapped Parking Space

## Section I - To be completed by applicant.

Applicant name		Date	
Division	Branch	Section	Phone extension
Make of Vehicle	Vehicle 1	Vehicle 2	Vehicle 3
License Number			

This form is in compliance with the Privacy Act of 1974 (Public Law 93-579). This form is needed to aid in the determination of eligibility for a reserved handicapped parking space. Your signature on the Authority to Release Information on this form is voluntary, however, your failure to complete the form may mean that your eligibility may not be determined and your request would be denied.

I authorize my physician to release medical information about myself to aid in the determination of my handicapped condition.

Signature	Date
-----------	------

## Section II - Statement of Disability - To be completed by physician (please type or print).

Specific Description of Handicap or Condition \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Define Physical Information of the condition or handicap i.e. how condition affects mobility, use of stairs, distance limitations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Medical Condition

(Circle one or more)

	Right eye	Left eye	Both	Comments: (if any)
a. Is legally blind. Corrected acuity level:	20/	20/	20/	
b. Is unable to walk more than 200 feet without having to stop and rest.				
c. Has lost use of one or both legs or feet.				
d. Is unable to walk without prolonged use of a wheelchair, walker, crutches, braces, or other device.				
e. Has a lung disease from which the expiratory volume for one second, when measured by spirometry is less than one liter, or from which the arterial oxygen tension is less than 60 MMHG of room air at rest.				
f. Has a cardiovascular disease which measures between three and four on the New York Heart Classification Scale, or from which a marked limitation of physical activity causes fatigue, palpitation, dyspnea, or anginal pain.				
e. Describe: Has other diagnosed disease or disorder including, but not limited to, severe arthritis or a neurological or orthopedic impairment that creates a severe mobility limitation.				

Applicant's condition is:	Permanent	Temporary	If temporary, estimated duration
Doctor's name, (Type or Print)	Specialty		Medical license number
Street address	Office telephone number		
City, State, Zip			

I certify this information is true to the best of my knowledge.

Signature of Doctor <b>X</b>	Date
---------------------------------	------

**Section III - Management Recommendations**

Is the employee currently on any work restrictions by request of a physician? (If Yes, please explain below.)

Yes  No

---

---

Are physical demands in the employee's position description? (Please specify below.)

---

---

---

---

**Management Approvals**

Section Chief Signature

Date

Approved

Disapproved (Please provide explanation below.)

---

---

---

---

Branch Chief Signature

Date

Approved

Disapproved (Please provide explanation below.)

---

---

---

---

Division Chief Signature

Date

Approved

Disapproved (Please provide explanation below.)

---

---

---

---

**Final Approval**

Approved

AWSS Site Chief Signature

Date

Form 10092  
(January 2012)

## CIRSC Request for Temporary Reasonable Accommodation (RA) Parking Space

### Section I – To be Completed by the Requesting Employee

Instructions for completing this form are on the back.

Employee Name <i>(Please print or type)</i>		Tour of Duty <i>(Days worked and time)</i>		Work Phone Number	
Business Unit	Organization	Campus <i>(if applicable)</i>	Operation	Post of Duty <i>(or building)</i>	Stop #

Do you currently have a temporary RA parking permit?     Yes     No

### Section II – Statement of Temporary Disability (Completed by Physician)

A. Please specify the period of temporary disability or medical condition not to exceed 8 weeks.

Beginning (mm-yyyy) \_\_\_\_\_ Ending (mm-yyyy) \_\_\_\_\_

If the temporary disability or medical condition continues beyond 8 weeks, you will be asked by the employee to recertify the employee's medical condition. (See Section III)

B. I certify that the employee is a person whose mobility, flexibility, coordination, respiration, or perceptiveness is significantly reduced by a temporary disability.

Signature of Licensed Physician \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Physician \_\_\_\_\_ (or) License # \_\_\_\_\_

### Section III – Extension of Temporary Disability (Completed by Physician)

A. Please specify the period of **continued** temporary disability or medical condition not to exceed 44 weeks. (An employee may only request Temporary Reasonable Accommodation parking for a total of 52 weeks).

If the disability or medical condition continues beyond 52 weeks, the employee must apply for parking using the Handicap Parking procedures (Form 13058 Request for Handicapped Parking Space).

Beginning (mm-yyyy) \_\_\_\_\_ Ending (mm-yyyy) \_\_\_\_\_

B. I certify that the employee is a person whose mobility, flexibility, coordination, respiration, or perceptiveness is significantly reduced by a temporary disability.

Signature of Licensed Physician \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Physician \_\_\_\_\_ (or) License # \_\_\_\_\_

**I certify this information is true to the best of my knowledge.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

### Section IV – To be Completed by the Site Coordinator's Office

Date Request Received	Entered on Log	RA Tracking Number	
Approved	Date Approved	Disapproved	Date Disapproved
Effective Date(s) for Temporary RA Parking Space From _____ To _____		Security & Safety Operation Notified	Date Notified

## **Reasonable Accommodation**

The Rehabilitation Act of 1973 requires federal agencies to provide reasonable accommodation to qualified employees or applicants with disabilities, unless to do so would cause undue hardship. In general, an accommodation is a change in the work environment or in the way things are customarily done that would enable an individual with a disability an equal employment opportunity.

There are three categories of reasonable accommodation:

1. Modifications or adjustments to a job applicant process to permit an individual with a disability to be considered for a job.
2. Modifications or adjustments necessary to enable a qualified individual with a disability to perform the essential functions of the job.
3. Modifications or adjustments that enable employees with disabilities entitlement to equal benefits and privileges of employment as employees without disabilities.

The obligation to provide a reasonable accommodation applies to all aspects of employment.

---

### **Instructions and Procedures for Completing CIRSC Request for Temporary Reasonable Accommodation (RA) Parking Space**

---

**Type or print clearly.** If you need more space in any section, use a plain piece of paper with your name and "CIRSC Temporary RA Parking Request" at the top.

1. The requesting employee completes **Section I** of this form.
2. The requesting employee must then have **Section II, Statement of Temporary Disability, completed by his/her physician.**
3. If the employee needs temporary parking beyond 8 weeks, he/she must have his/her physician complete **Section III, Extension of Temporary Disability.**
4. After **Sections I and II or III** are completed, the requesting employee must forward, bring, or fax a copy of the completed form to the Site Coordinator, RA Temporary Parking Coordinator.

For questions regarding Temporary RA parking, contact the Site Coordinator's Office, RA Temporary Parking Coordinator.

---

**Site Coordinator's Office, RA Temporary Parking Coordinator**  
Room 30 / Stop 1400 / Phone: 859-669-5840 / Fax: 859-669-2846

---