

## DENIAL OF REASONABLE ACCOMMODATION REQUEST

**Instructions: Upon completion of this form, please send to the Mission Area/Agency Disability Program Manager, ARS/Civil Rights Staff, 1400 Independence Ave., SW. Room 3552-South, Washington, D. C. 20250.**

1. Name of individual requesting accommodation	2. Type(s) of reasonable accommodation requested
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3. Request for accommodation denied because *(Check all that apply)*

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| <input type="checkbox"/> Accommodation ineffective                | <input type="checkbox"/> Accommodation would require removal of an Essential Function            |
| <input type="checkbox"/> Accommodation would cause undue hardship | <input type="checkbox"/> Accommodation would require lowering of performance/production standard |
| <input type="checkbox"/> Medical documentation inadequate         | <input type="checkbox"/> Other <i>(please specify)</i> _____                                     |

4. Give detailed reason(s) for the denial of the accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship)

5. If the requestor proposed one type of reasonable accommodation and the request is denied, but rejected an offer of an alternative accommodation, explain both the reason for denial of the requested accommodation and why how the alternative accommodation offered would be effective.

6. If an individual wishes to request reconsideration of this decision, she/he may take the following steps:

- (a) Ask the decision maker to reconsider the denial and provide additional supporting information;
- (b) If the decision maker does not reverse the denial, and the decision maker is the individual's supervisor, the individual may ask the office chief/director to review the request;
- (c) If the decision maker is the office director/chief, the individual can ask the Agency Disability Program Manager to review the request;
- (d) If the decision maker is the Agency Disability Program Manager (DPM), the individual can ask the Departmental (DPM), the individual can ask the Departmental DPM to review the request.

7. If an individual wishes to file an EEO complaint, or pursue Merit Systems Protection Board (MSPB) and union grievance procedures if applicable, she/he must take the following steps:

- (a) For an EEO complaint pursuant to 29 C.F.R. & 1614, contact an EEO counselor within 45 days from the date of this notice of denial of reasonable accommodation; or
- (b) For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement, or Administrative grievance procedure as appropriate; or
- (c) Intiate 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; or
- (d) Utilize the Alternative Dispute Resolution (ADR) process as outlined in Secretary's Memorandum 4710-1 (3/23/00). Pursuing the ADR process does not relieve the individual from adhering to the other time frames indicated above.

8. Name of deciding official	9. Title	10. Signature of deciding official	11. Date
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