

**DENIAL OF REQUEST FOR
REASONABLE ACCOMMODATION**

1. Name (*Employee or Applicant*)

2. Organization / Building Location / Telephone No.

3. Accommodation Requested

4. Accommodation request denied for the following reason(s) (*Please check all boxes that apply*)

- No appropriate accommodation identified/exists
- Providing accommodation would cause undue hardship
- Medical documentation inadequate
- Accommodation required removal of essential function(s)
- Accommodation required lowering of performance or production standard
- Not a covered disability under Rehab Act / ADA
- Alternative type of effective accommodation was offered, but rejected by employee
- Other (*Identify*)

5. Discussion of reason for the denial of reasonable accommodation. Be specific, e.g., why accommodation causes undue hardship or why accommodation is ineffective.

6. If alternative accommodation was offered after the denial of a requested accommodation, explain why the alternative accommodation is believed to be effective.

7. If an employee or applicant wishes to request reconsideration of this decision, s/he may take the following steps:

- The request for reconsideration will be submitted to the original decision maker within five business days.
- If the original decision maker denies the request for reconsideration, the individual will present the request to the next level supervisor who will respond to the request within ten business days.
- If the original decision is not reversed, the request for reconsideration will be elevated to the next management official within the chain of command who will, in turn, respond within ten business days.

8. The requestor may seek reconsideration of the denial of this request by choosing from the options listed below.

- To pursue an EEO complaint under 29 C.F.R. 1614, contact an EEO Counselor in the Equal Employment Opportunity office to initiate discrimination complaint counseling within 45 days from the date of this notice of denial or;
- Bargaining unit employees may file a grievance under the Collective Bargaining Agreement, Article _____, within the specified time frame or;
- To pursue MSPB appeal procedures and;
- Reconsideration procedures (see #7 above) and/or;
- Contact the Departmental Appeals Board in OS and initiate the Informal Facilitation Process

DECIDING OFFICIAL

Name and Title (<i>Please print</i>)	Organization	Telephone Number
Signature		Date