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## REVIEW OF REASONABLE ACCOMMODATION REQUEST

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Type or print all applicable entries. Attach decision letter to this form. Sign and date. Provide requester with a copy of the complete package.

NAME OF REQUESTER	ACCOMMODATION REQUESTED	DATE OF REQUEST
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**DECISION**  
*(Check one and provide date)*

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Approved                      Date: \_\_\_\_\_

Denied                              Date: \_\_\_\_\_

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### INSTRUCTION FOR RECONSIDERATION OF DECISION

If an individual wishes to request reconsideration of this decision, take the following steps:

Ask the decisionmaker to reconsider denial. Additional information may be presented to support this request.

If the decisionmaker was the individual's supervisor, the individual can ask a higher level manager in the chain of command to review the decision

If the decision is not overturned, the individual may file an Equal Employment Opportunity (EEO) complaint, or pursue Merit System Protection Board (MSPB) or union grievance (collective bargaining claim) procedures. To do this, take the following steps:

For an EEO complaint pursuant to 29 CFR Part 1614, contact the EEO officer in your appropriate area within 45 calendar days from the date of the decision.

For a collective bargaining claim, file a written grievance according to the provisions of the Collective Bargaining Agreement.

For a MSPB appeal submit the request within 30 days of an appealable adverse action as defined in 5 CFR Part 1201.3.

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SIGNATURE OF DECISIONMAKER	NAME OF DECISIONMAKER	DATE
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