

**CONFIRMATION OF REQUEST
FOR REASONABLE ACCOMMODATION**

1. Applicant's or Employee's name: _____

2. Applicant's or Employees phone number: _____

3. Date of request: _____ Employees Office: _____

4. **Accommodation requested:** (be as specific as possible, e.g., adaptive equipment, reader, interpreter, working space modification, etc.)

5. Reason for the request: (if the accommodation is time sensitive, please explain):

(Return form to Disability Program Manager)

(Disability Program Manager will assign number)

6. Log No. _____

DENIAL OF REASONABLE ACCOMMODATION REQUEST

(Must complete numbers 1-4; complete number 5, if applicable)

1. Name of individual requesting reasonable accommodation:

2. Type(s) of reasonable accommodation requested: (Attach additional sheets if needed)

3. Request for reasonable accommodation denied because: (may check more than one box)

- Accommodation Ineffective
- Accommodation Would Cause Undue Hardship
- Medical Documentation Inadequate
- Accommodation Would Require Removal of an Essential Function
- Accommodation Would Require Lowering of Performance or Production Standard
- Other (please identify)

4. Specific reason(s) for the denial of the requested reasonable accommodation (e.g explain why accommodation is ineffective or causes undue hardship). Attached additional sheets if necessary

5. 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 reasons for denial of the requested accommodation and why you believe the chosen accommodation would be effective. Attached additional sheets if necessary.

(over next page)

DENIAL OF REASONABLE ACCOMMODATION REQUEST (Continued)

6. If you are dissatisfied with the decision to deny your request for accommodation, you have the following appeal rights:
- a. Request reconsideration from either the decision maker denying the request or the next level supervisor above the decision maker. Your request for reconsideration must be made within 5 business days from the date you received this form notifying you that your request has been denied, and/or
 - b. Contact the Office of Civil Rights (OCR) within 45 calendar days from the date you received this notice informing you that your request has been denied to:
 - Seek redress through an agency approved informal dispute resolution process (e.g. Alternative Dispute Resolution) and/or
 - File a formal EEO complaint with OCR
 - c. For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement, or
 - d. 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.

Name of Deciding Official

Signature of Deciding Official

Date Reasonable Accommodation is denied: _____

REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of individual requesting reasonable accommodation: _____

Office of Requesting Individual: _____

1. Reasonable accommodation: (check one)

_____ **Approved**

_____ **Denied** (if denied, attach copy of the written denial –See section 2, pages 7/8 of the Reasonable Accommodation Procedures)

2.- Date reasonable accommodation requested: _____

Name and title of person receiving the request: _____

2. Date reasonable accommodation request referred to decision maker (i.e. supervisor, Office/Division Director, DPM, Personnel Specialist)

Name of decision maker: _____

4. Date reasonable accommodation approved or denied: _____

5. Date reasonable accommodation provided (if different from date approved):

6. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why: (attach extra sheet if needed)
