

## DENIAL OF REASONABLE ACCOMMODATION REQUEST

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

1. Name of Individual requesting reasonable accommodation:

2. Type(s) of reasonable accommodation requested:

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

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. Detailed Reason (s) for the denial of reasonable accommodation (Must be specific, e.g., *why* accommodation is ineffective or causes undue hardship):

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.

**6. If you wish to request reconsideration of this decision, you may take the following steps:**

1. First, ask the decisionmaker to reconsider his/her denial. You may present additional information to support this request.
2. If the decisionmaker does not reverse the denial and the decisionmaker is your supervisor, you can ask either the next person in the decisionmaker's chain of command or the Assistant Regional Director/Assistant Director to do so.

**7. If you wish to file an EEO complaint or pursue MSPB or union grievance procedures, you must:**

- For an EEO complaint pursuant to 29 CFR 1614, contact an EEO counselor in your Regional Diversity and Civil Rights Office or in the Department's Office of Equal Opportunity within 45 days from the date of this notice of denial of reasonable accommodation.
- For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement.
- For an administrative grievance, file a written grievance within 15 days of receipt of this notice of denial of reasonable accommodation.
- Initiate an appeal to the Merit Systems Protection Board within 30 days of an appealable adverse action as defined in 5 CFR 1201.3.

**Name of Deciding Official**

**Signature of Deciding Official**

**Date reasonable accommodation denied**

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**Note to Decisionmaker : You must provide a copy of this form to your Servicing Human Resources Office along with all information, including medical information, which was used to process this accommodation request.**