



RESOLUTION OF REASONABLE ACCOMMODATION REQUEST FORM

(Must complete numbers 1 – 3; complete numbers 4 -7 if applicable)

Date: _____

1. Name of individual requesting reasonable accommodation: _____

2. Applicant or Employee's Phone Number: _____

3. Accommodation Requested (be as specific as possible, eg., adaptive equipment, reader, interpreter, working space modification): _____

4. Accommodation(s):
 approved as specifically requested
 approved but different from original request*
 denied

*if the approved accommodation is different from the one(s) originally requested, identify the alternative accommodation(s):

5. Request denied because: (may check more than one box)

- Requestor does not have a Rehabilitation Act Disability
- Accommodation ineffective
- Accommodation would cause an undue hardship
- Medical Documentation Inadequate
- Accommodation would require removal of essential function
- Accommodation would require lowering performance or production standard
- Other (please identify) _____

6. Detailed reason(s) for denial (must be specific, e.g. why accommodation would be ineffective or cause undue hardship):

7. If the deciding official offered an accommodation that is different from the one originally requested, explain: (a) the reasons for the denial of the accommodation originally requested; and (b) why the alternative accommodation would be effective.

8. An individual who disagrees with the resolution of the request may ask the Director of the Human Resources Office to reconsider that decision within 14 business days of receiving the "Resolution" form. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory, or collective bargaining claims.

9. If you are dissatisfied with the resolution and wish to pursue administrative, statutory, or collective bargaining rights, you must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. subsection 1614, contact an EEO counselor in the EO/EEO office within 45 days from the date of receipt of this Form or a verbal response (whichever comes first).
- For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement.
- For adverse actions over which the Merit System Protection Board has jurisdiction, initiate an appeal to the MSPB within 30 days of an appealable adverse action as defined in 5 C.F.R. subsection 1201.3

Name of Deciding Official

Signature of Deciding Official

Date reasonable accommodation denied/approved (if different from date of completing this form): _____

Privacy Act Statement

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.

