

PART 401 – EQUAL EMPLOYMENT OPPORTUNITY

Subpart E – Exhibits

401.53 Denial of Reasonable Accommodation Request Form

Name of Individual Requesting Accommodation: _____

(1) Type(s) of reasonable accommodation requested:

(2) Request for 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/production standard

Other (please specify)

(3) Detailed reason(s) for the denial of the accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship)

(4) If the requestor proposed one type of reasonable accommodation and the request is denied, and rejected an offer of an alternative accommodation, explain the reason for denial of the original requested accommodation and how the offered alternative accommodation would be effective.

(5) If an individual wishes to request reconsideration of this decision, s/he may take the following steps:

- (i) Ask the decision maker to reconsider the denial and provide additional supporting information;
- (ii) If the decision maker does not reverse the denial, and the decision maker is the individual's supervisor, the individual may ask the office chief/director to review the request;
- (iii) If the decision maker is the office director/chief, the individual can ask the Agency Disability Employment Program Manager to review the request; or

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- (iv) If the decision maker is the Agency Disability Employment Program Manager (DEPM), the individual can ask the Departmental DEPM to review the request.

- (6) If an individual wishes to file an EEO complaint, or pursue Merit Systems Protection Board (MSPB) and union grievance procedures if applicable, s/he must take the following steps:
 - (i) For an EEO complaint pursuant to 29 C.F.R. § 1614, contact an EEO counselor **within 45 days from the date of this notice of denial of reasonable accommodation;**
 - (ii) For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement, or Administrative grievance procedure as appropriate;
 - (iii) 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; or
 - (iv) Utilize the Alternative Dispute Resolution (ADR) process as outlined in Secretary’s Memorandum 4710-1 (3/23/00). **Pursuing the ADR process does not relieve the individual from adhering to the other time frames indicated above.**

Name & Title of Deciding Official

Signature of Deciding Official

Date reasonable accommodation denied