

ACCOMMODATION REQUEST DETERMINATION



1. Name of employee making the request:

The purpose of this form is to inform you of our decision regarding your request for accommodation and to provide information to you. If our information is incorrect, please contact me as soon as possible.

2. I am the Designated Management Official (DMO) for this request. My contact information is below.

3. DMO Name:

4. DMO Phone Number:

5. DMO Email:

6. Your request was made to enable you to:

Apply / Interview for a job.

Perform the essential functions of your position.

Access a benefit or privilege of employment.

7. You requested the following accommodation: *(describe briefly)*

8. The accommodation provided is:

9. Your request is approved, and will begin on: *(Date)*

10. We believe this accommodation would be effective because:

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11. Your original request was denied because:

You do not have a disability covered by the Rehabilitation Act.

Other:

The accommodation requested would not be effective.

The accommodation would require removal of an essential job function.

The medical documentation provided did not support the request.

The accommodation would require lowering of a performance standard or production standard.

The accommodation would cause an undue hardship to the operation of the unit.

Allowing you to work would create a direct threat for you and/or others.

12. Detailed reasons for the denial of the original request:

13. Your request was administratively closed because of no response from you to inquiries made on the following dates:

If you wish to pursue this request, please contact me and I will re-open it.

14. You will have one week from the date of this notice to indicate if you accept the alternative accommodation offered. If you decide not to accept, review the options listed below.

15. If you wish to request reconsideration of this decision, follow the instructions below carefully:

Within ten (10) calendar days of receipt of this denial, request reconsideration by the Designated Management Official (DMO). After receiving a request for reconsideration, the DMO has five (5) business days to render a decision and notify the requester, in writing.

If the DMO does not reverse the decision, you may submit an appeal to the Assistant Commissioner (AC)/Chief Human Resource Officer of the Office of Workforce Administrative Services (OWAS) within ten (10) business days of receipt of the DMO's decision. The AC/Chief Human Resource Officer of OWAS has ten (10) business days to issue the final decision.

16. If you wish to file an EEO Complaint, an administrative grievance, a union grievance, or pursue a Merit Systems Protections Board complaint, guidance is provided below:

- To file an EEO Complaint, applicants for employment or employees must contact an EEO Counselor within forty-five (45) calendar days of notice of the denial, pursuant to 29 C.F.R. Part 1614. Contact the EEO Office or the Fiscal Service Resolution Program Manager for further information.
- Non-bargaining unit employees may file an administrative grievance within fifteen (15) calendar days of the denial. Contact your local Human Resource Office for further information.
- Bargaining unit employees may file a grievance in accordance with the applicable collective bargaining agreements. Contact your local union representative for further information.
- Initiate an appeal to the Merit Systems Protection Board within 30 calendar days of an appealable adverse action as defined in 5 C.F.R. §1201.3.
- Employees and applicants are encouraged to participate in informal resolution processes available to address the reasonable accommodation outcome. The ADR process is outlined in FS Policy 801-5: Alternative Dispute Resolution Policy. Individuals may participate in ADR as part of the above avenues of redress, or independently. If participation is independent of the above avenues of redress, it does not meet the requirements for filing claims under the aforementioned processes. If the employee believes they may also want to pursue other avenues of redress, the employee should check with the appropriate EEO/Union/HR Office to ensure that time requirements are met. Contact your local ADR Coordinator at EEO.Office@fiscal.treasury.gov for further information.

Reconsideration, review, and the use of alternative resources does not affect the time limits for initiating statutory and collective-bargaining claims. Your participation in Fiscal Service's Alternative Dispute Resolution process will neither satisfy nor delay time restrictions of the formal processes indicated above.

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17. DMO Signature:	18. Date:
19. I (Requester) Certify that I received this form. Requester Signature:	20. Date:
21. I (Requester) Certify that I accept the accommodation offered. Requester Signature:	22. Date:

NOTICE UNDER THE PRIVACY ACT

The authority for collecting this information is The Rehabilitation Act of 1973 (29 U.S.C. § 701), as amended and Executive Order 13164. This information will be used by the Equal Employment Opportunity Office to process the request for a reasonable accommodation, and to report on the reasonable accommodation program as mandated by federal law. The information on this form may be disclosed as generally permitted under the Privacy Act of 1974, as amended, 5 U.S.C. § 552a. Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the processing of the request.