

MANAGEMENT RESPONSE TO REQUEST FOR REASONABLE ACCOMMODATION

11. Request for Reasonable Accommodation (check one): ☐ Granted ☐ Interim/Alternate Granted (Provide comments in number 16)
☐ Denied (if denied, answer questions in number 13)

12. Applicant's/Employee's Name

13. Request for Reasonable Accommodation Denied Because (May check more than one box):

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

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

15. 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 reason for the denial of the requested accommodation and why you believe the chosen accommodation would be effective:

16. Comments

17. If an individual wishes to request reconsideration of this decision, she/he must take the following steps:

- ☐ An employee may appeal directly to his/her Second Level Supervisor. The employee may present additional information in support of his/her request.
- ☐ An applicant may appeal directly to the Disability Employment Program Manager of the Office of Equal Rights. The applicant may present additional information in support of his/her request.

18. If an individual wishes to file an EEO Complaint, or to pursue MSPB or union grievance procedures, she/he must take the following steps:

- ☐ For an EEO complaint pursuant to 29 C.F.R. 1614, contact an EEO Counselor in the Office of Equal Rights within 45 days from the date of this denial of reasonable accommodation; or
- ☐ For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement; or
- ☐ 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

19. Name Of Deciding Official

20. Signature Of Deciding Official

21. Date

1 Copy of this form must be provided to the employee or applicant who made the request.

1 Copy of this form must be provided to the Disability Employment Program Manager of the Office of Equal Rights.