

## DENIAL OF REASONABLE ACCOMMODATION REQUEST

Name of individual requesting reasonable accommodation: \_\_\_\_\_

Type of reasonable accommodation requested:

Request for reasonable accommodation denied because: (Check all that apply)

- ☐ Accommodation ineffective
- ☐ Accommodation would cause undue hardship to ONHIR
- ☐ Medical documentation inadequate or not provided
- ☐ Accommodation would require removal of essential function
- ☐ Accommodation would require lowering of performance standard
- ☐ Other (specify)

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

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 the denial and why you believe the offered accommodation would be effective.

If an individual wishes to request reconsideration, s/he may ask the Executive Director, in writing, to reconsider the denial. Additional information may be presented to support the request. If an individual wishes to file an EEO complaint or pursue an MSPB appeal, s/he must take the following steps.

a. For an EEO complaint pursuant to 29 CFR 1614, contact the Human Resources Officer for the name of the agency's EEO counselor who must be contacted within 45 days of this notice of denial of reasonable accommodation: or

b. For an MSPB appeal pursuant to 5 CFR 1201, file a written appeal within 30 days of receiving this notice of denial of reasonable accommodation. Contact [www.mspb.gov](http://www.mspb.gov).

For assistance with information about where to file and the forms necessary, contact the Human Resources Officer at 928-779-2727, ext. 122.

\_\_\_\_\_  
Executive Director (Signature )

\_\_\_\_\_  
Date reasonable accommodation denied