

## RESOLUTION OF REASONABLE ACCOMMODATION REQUEST

**Must complete numbers 1-3; complete numbers 4-7, if applicable**

1. Name of Individual requesting reasonable accommodation \_\_\_\_\_

2. Accommodation(s) requested \_\_\_\_\_

3. 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):

4. If an alternative accommodation was offered, indicate whether it was:

- accepted
- rejected

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

- Requester does not have a Rehabilitation Act disability
- Accommodation ineffective
- Accommodation would cause 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.

An individual who disagrees with the resolution of the request may ask his/her second-level supervisor to reconsider that decision within 10 business days of receiving the "Resolution" form. Note that requesting reconsideration does not extend the time limits for initiating administrative or statutory claims.

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

For an EEO complaint pursuant to 29 C.F.R. § 1614, contact an EEO counselor within 45 days from the date of receipt of this Form or a verbal response (whichever comes first)

\_\_\_\_\_  
Name of Deciding Official

\_\_\_\_\_  
Signature of Deciding Official

Date reasonable accommodation denied/approved \_\_\_\_\_