

U.S. Department of Housing and Urban Development
Office of Administration

DENIAL OF REASONABLE ACCOMMODATION REQUEST

The Disability Program Manager or other decision making official must complete questions 1 through 4 (and, if applicable, question 5), and must sign and date this form. The original must be forwarded to the employee or applicant that requested the reasonable accommodation and a copy to the Disability Program Manager, if not the decision maker. The Disability Program Manager shall retain a copy for reporting purposes.

1. Enter the following information about the employee or applicant who requested the reasonable accommodation:

Requester's Name: _____ Office & Location: _____

Control Number assigned to the request: _____

Date of Request: _____ Date of Denial: _____

2. Type(s) of Reasonable Accommodation requested: _____

3. Reason for Denial of Accommodation Request (check the appropriate boxes below):

- Accommodation Ineffective
 Accommodation Would Cause Undue Hardship
 Medical Documentation Inadequate
 Accommodation Would Require Removal of an Essential Function
 Accommodation Would Require Lowering of Performance or Production Standards
 Other (Please specify): _____

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

5. If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of accommodation, explain both the reasons for denial of the requested accommodation and why you believe that chose accommodation would be effective. _____

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6. If an individual wishes to request reconsideration of this decision, s/he may take the following steps:
- First, ask the decision maker to reconsider his/her decision. Present any additional information in support the request.
 - If the decision maker does not reverse the denial:
 - and the decision maker was the immediate supervisor; you can ask the Principal Organization Head to reconsider.
 - and the decision maker was the Principal Organization Head, you can ask the Disability Program Manager to reconsider.
 - and the decision maker was the Disability Program Manager, you can ask the Department's Equal Employment Opportunity Officer/Director, Office of Departmental Equal Employment Opportunity (ODEEO) who is the Deciding Official in unresolved and/or final reconsideration issues.
 - You can also elect to use the Alternative Dispute Resolution Program to request reconsideration.
7. If an individual wishes to file an EEO complaint or pursue Merit Systems Protection Board (MSPB) and union grievance procedures, s/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 Departmental Equal Employment Opportunity (ODEEO); 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 MSPB *within 30 days* of an appealable adverse action defined in 5 C.F.R. § 1201.3.

Name of Deciding Official

Signature of Deciding Official and Date

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**REASONABLE ACCOMMODATION INFORMATION
REPORTING FORM**

Enter the following information about the employee or applicant who request the reasonable accommodation:

Requester's Name: _____ Office & Location: _____

Control Number assigned to the request: _____

1. Reasonable Accommodation: (check one)

Approved

Denied *(If denied, attach copy of the Denial of Reasonable Accommodation Request Form.)*

2. Date Reasonable Accommodation requested: _____
(Enter Date of Receipt)

Name and Title of person who received the : _____

3. Date reasonable accommodation request referred to Decision Maker *(i.e., Supervisor, Disability Program Manager, Personnel Management Specialist):* _____
(Enter date of receipt)

Name and Title of Decision Maker: _____

4. Date reasonable accommodation approved or denied: _____
(Enter Date of Decision)

5. Date reasonable accommodation provided: _____
(Enter, if different from date approved)

6. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why: _____

7. Current position or, if an applicant, desired position of the individual requesting reasonable accommodation *(including occupational series, grade level, and office):* _____

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REPORTING FORM, page 2

8. Reasonable accommodation needed for: (check one)

- Application Process
- Performing Job Functions or Accessing the Work Environment
- Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event).

9. Type(s) of reasonable accommodation provided (e.g., adaptive equipment, staff assistant, removal of architectural barrier): _____

10. Type(s) of reasonable accommodation provided (if different from what was requested):

11. Was medical information required to process this request? If yes, explain why.

12. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network, disability organization, Disability Program Manager): _____

13. Comments: _____

Name and Title of person completing this form Date Room and Phone Number

Attach copies of *all* documents obtained or developed in processing this request.