

**ACCOMMODATION REQUEST DETERMINATION**

1. NAME OF EMPLOYEE/APPLICANT MAKING THE REQUEST

2. EMPLOYEE OFFICIAL TITLE *(N/A for applicants)*

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

3. I AM THE DECISION MAKING OFFICIAL *(DMO)* FOR THIS REQUEST. MY CONTACT INFORMATION IS BELOW

4. DMO NAME

5. DMO PHONE NUMBER

6. DMO EMAIL ADDRESS

7. REQUESTED ACCOMMODATION WILL ENABLE YOU TO

- ☐ APPLY/INTERVIEW FOR A JOB,
☐ PERFORM THE ESSENTIAL FUNCTIONS OF YOUR POSITION, OR
☐ ACCESS BENEFITS AND/OR PRIVILEGES OF EMPLOYMENT.

8. YOU REQUESTED THE FOLLOWING ACCOMMODATION *(Describe briefly)*

9. ACCOMMODATION(S) DECISION

- ☐ APPROVED REQUESTED ACCOMMODATION
☐ APPROVED ALTERNATE ACCOMMODATION
☐ UNABLE TO ACCOMMODATE IN CURRENT POSITION *(Skip to block #13)*

10. APPROVED ACCOMMODATION WILL BEGIN ON OR ABOUT
*(Date) (MM/DD/YYYY)*11. ALTHOUGH I AM NOT PROVIDING THE REQUESTED ACCOMMODATION, I AM OFFERING AN ALTERNATE ACCOMMODATION WHICH I BELIEVE WOULD BE EFFECTIVE *(Describe the alternative accommodation)*12. I BELIEVE THE ALTERNATE ACCOMMODATION WOULD BE EFFECTIVE BECAUSE *(Describe why you believe it will be effective)*

13. YOUR ORIGINAL REQUEST WAS NOT GRANTED BECAUSE

- ☐ THE ACCOMMODATION REQUESTED WOULD NOT BE EFFECTIVE
☐ THE ACCOMMODATION WOULD REQUIRE REMOVAL OF AN ESSENTIAL FUNCTION(S) OF THE JOB
☐ THE ACCOMMODATION WOULD REQUIRE LOWERING OF A PERFORMANCE OR PRODUCTION STANDARD(S)
☐ THE ACCOMMODATION WOULD CAUSE AN UNDUE HARDSHIP TO THE OPERATION OF THE FACILITY AND/OR THE VA *(Cost related. Secretary of the VA must agree and sign this form as the Decision-Making Official (DMO))*
☐ ALLOWING YOU TO WORK WOULD CREATE A DIRECT THREAT TO THE SAFETY OF YOURSELF OR OTHERS

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14. DETAILED REASON(S) FOR INABILITY TO PROVIDE THE REQUESTED ACCOMMODATION (<i>Be specific, e.g. why the accommodation would not be effective</i>)		
15. YOU WILL HAVE SEVEN (7) BUSINESS DAYS FROM THE DATE OF THIS NOTICE TO DECIDE WHETHER TO ACCEPT THE ACCOMMODATION(S) OFFERED. IF YOU DECIDE NOT TO ACCEPT, YOUR OPTIONS ARE LISTED BELOW.		
16. IF YOU WISH TO REQUEST RECONSIDERATION OF THIS DECISION, YOU MUST: <ul style="list-style-type: none"> You will have seven (7) business days from the date of this notices to decide whether accept or not accept the accommodation offered. If you do not respond to the DMO within the seven (7) business days authorized, your request may be administratively closed as a non-response is considered as you have withdrawn form the interactive process. Ensure you provide a copy of your reconsideration statement to the Reasonable Accommodation Coordinator (<i>RAC</i>) listed below in blocks 23 through 25 for record keeping purposes. After receiving a request for reconsideration, the reconsideration DMO has seven (7) business days to render a decision and notify the requester, in writing via VA0857I, Reconsideration Request Determination form. 		
17. IF YOU WISH TO FILE AN EQUAL EMPLOYMENT OPPORTUNITY (<i>EEO</i>) COMPLAINT, PURSUE A MERIT SYSTEMS PROTECTION BOARD (<i>MSPB</i>) COMPLAINT OR A UNION GRIEVANCE, GUIDANCE IS PROVIDED BELOW: <ul style="list-style-type: none"> To file an EEO complaint, applicants for employment or employees must contact an EEO counselor within forty-five (45) days of notice of the denial, pursuant to 29 C.F.R. Part 1614. Contact your local Office of Resolution Management for further information. Non-Bargaining Unit Employees may file an Administrative Grievance within fifteen (15) calendar days of receiving the denial. Contact your local Human Resources Office for further information. Bargaining Unit Employees may file a grievance in accordance with applicable Collective Bargaining Agreements. Contact your local union representative for further information. 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 thirty (30) 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 VA Directive 5978: Alternative Dispute Resolution. Individuals may participate in ADR as part of the above avenues of redress or independently. If participation in independent of the above avenues of redress, it does not meet the requirements for filing claims under the aforementioned processes. 		
Reconsideration, review, and the use of alternative resources does not affect the time limits for initiating statutory and collective-bargaining claims. Your participating in VA's informal alternative dispute resolution process will neither satisfy nor delay time restrictions of the formal processes indicated above.		
18. DMO SIGNATURE		19. DATE (<i>MM/DD/YYYY</i>)
20. RDMO NAME	21. RDMO PHONE NUMBER	22. RDMO EMAIL ADDRESS
23. RAC NAME	24. RAC PHONE NUMBER	25. RAC EMAIL ADDRESS
I, THE EMPLOYEE, CERTIFY THAT I RECEIVED THIS FORM AND ACCEPT THE OFFERED ACCOMMODATION.		
26. EMPLOYEE SIGNATURE		27. DATE (<i>MM/DD/YYYY</i>)
I, THE EMPLOYEE, CERTIFY THAT I DO NOT ACCEPT THE ACCOMMODATION(S) OFFERED. IF I DECIDE TO SUBMIT A RECONSIDERATION REQUEST, I WILL FOLLOW THE INSTRUCTIONS PROVIDED IN BLOCK 16 ABOVE.		
28. EMPLOYEE SIGNATURE		29. DATE (<i>MM/DD/YYYY</i>)
*** When sending this form via electronic means, please ensure the file is encrypted to protect the requester PII & PHI information.		

This form should be retained separately from the employee's Official (*paper or electronic*) Personnel Folder.