

**DENIAL OF ACCOMMODATION REQUEST**

1. NAME OF EMPLOYEE/APPLICANT MAKING REQUEST

2. EMPLOYEE'S OFFICIAL TITLE (*N/A for applicant*)

The purpose of this form is to inform you that your request has been DENIED and to provide information to you. If this 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

7. YOUR REQUEST WAS MADE TO ENABLE YOU TO

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

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

9. YOUR REQUEST FOR ACCOMMODATION WAS DENIED BECAUSE

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

10. DETAILED REASON(S) FOR THE DENIAL OF THE ACCOMMODATION REQUEST (*Be specific, e.g., why the accommodation would not be effective*)

11. IF YOU WISH TO REQUEST RECONSIDERATION OF THIS DECISION, YOU MUST:

- Within seven (7) business days of receipt of this determination, submit your written request for reconsideration to the next higher level Reconsideration Decision Making Official (*RDMO*) listed below in blocks 23 through 26.
- Ensure you provide a copy of your reconsideration statement to the Reasonable Accommodation Coordinator (*RAC*) listed in blocks 14 through 16 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.

12. NAME OF EMPLOYEE/APPLICANT MAKING REQUEST		13. EMPLOYEE'S OFFICIAL TITLE <i>(N/A for applicant)</i>	
14. RAC NAME		15. RAC PHONE NUMBER	16. RAC EMAIL
17. SUPERVISOR CONSULTED <i>(Check box if consulted)</i> <input type="checkbox"/>	18. NRAC CONSULTED <i>(Check box if consulted)</i> <input type="checkbox"/>		19. OGC CONSULTED <i>(Check box if consulted) (Denied required)</i> <input type="checkbox"/>
20. CONSULTATION VALIDATED BY RAC			21. DATE <i>(MM/DD/YYYY)</i>
22. RDMO NAME		23. RDMO PHONE NUMBER	24. RDMO EMAIL
<p>25. IF YOU WISH TO FILE AN EQUAL EMPLOYMENT OPPORTUNITY (<i>EEO</i>) COMPLAINT, PURSUE A MERIT SYSTEMS PROTECTION BOARD (MSPB) COMPLAINT OR A UNION GRIEVANCE, GUIDANCE IS PROVIDED BELOW:</p> <ul style="list-style-type: none"> • To file an EEO complaint, applicants for employment or employees must contact an EEO counselor within forty-five (<i>45</i>) 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 (<i>15</i>) 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 30 days of an appealable adverse action as defined in 5 C.F.R. §1201.3. • Employees and applicants are encouraged to participate in information 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. If the employee believes she or he may also want to pursue other avenues of redress, the employee should check with the appropriate EEO/Union/HR office to ensure that time requirements are met. <p>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.</p>			
26. DMO SIGNATURE			27. DATE <i>(MM/DD/YYYY)</i>
<p>28. CHECK ONE ONLY</p> <p><input type="checkbox"/> I, THE EMPLOYEE, CERTIFY THAT I ACCEPT THE DENIAL OF MY ACCOMMODATION(S)</p> <p><input type="checkbox"/> I, THE EMPLOYEE, CERTIFY THAT I DO NOT ACCEPT THE DENIAL OF MY ACCOMMODATION. IF I DECIDE TO SUBMIT A RECONSIDERATION REQUEST, I WILL FOLLOW THE INSTRUCTIONS PROVIDED IN BLOCK 11 ABOVE.</p>			
29. EMPLOYEE SIGNATURE			30. DATE <i>(MM/DD/YYYY)</i>
<p>*** When sending this form via electronic means, please ensure the file is encrypted to protect the requestors PII & PHI information</p>			

This form should be retained separately from the employee's Official Personnel Folder.