

**RECONSIDERATION REQUEST DETERMINATION**

1. EMPLOYEE/APPLICANT NAME

2. EMPLOYEE/APPLICANT OFFICIAL TITLE  
(N/A for applicant)3. DATE COMPLETED  
(MM/DD/YYYY)

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.

4. I AM THE RECONSIDERATION DECISION MAKING OFFICIAL (RDMO) FOR THIS REQUEST. MY CONTACT INFORMATION IS BELOW:

5. RDMO NAME

6. RDMO PHONE NUMBER

7. RDMO EMAIL ADDRESS

8. YOUR REQUESTED ACCOMMODATION WAS MADE TO ENABLE YOU TO

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

9. REQUEST THE FOLLOWING ACCOMMODATION(S) (Describe briefly)

10. DMO GRANTED THE FOLLOWING ACCOMMODATION(S)

11. CHECK ONE BOX (If N/A, skip to 12)

- ☐ I CONCUR WITH YOUR REQUESTED ACCOMMODATION, OR  
☐ I CONCUR WITH YOUR DMO GRANTED ALTERNATIVE ACCOMMODATIONS.

12. YOUR REQUESTED ACCOMMODATION WAS NOT GRANTED BECAUSE (Check all that apply)

- ☐ THE ACCOMMODATION REQUESTED WOULD NOT BE EFFECTIVE  
☐ THE ACCOMMODATION WOULD REQUIRE REMOVAL OF AN ESSENTIAL FUNCTION(S) OF YOUR 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 UNIT  
☐ ALLOWING YOU TO WORK WOULD CREATE A DIRECT THREAT TO THE HEALTH AND/OR SAFETY OF YOURSELF OR OTHERS  
☐ OTHER (Specify):

13. RDMO ALTERNATE ACCOMMODATION(S)

EMPLOYEE/APPLICANT NAME	
<p>14. 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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement.</li> <li>Initiate an appeal to the Merit Systems Protection Board within thirty (<i>30</i>) days of an appealable adverse action as defined in 5 C.F.R. §1201.3.</li> <li>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 is independent of the above avenues of redress, it does not meet the requirements for filing claims under the aforementioned processes.</li> </ul> <p><b>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.</b></p>	
15. RDMO SIGNATURE	16. DATE ( <i>MM/DD/YYYY</i> )
I, THE EMPLOYEE/APPLICANT, CERTIFY THAT I ACCEPT THE ACCOMMODATION(S) OFFERED.	
17. EMPLOYEE/APPLICANT SIGNATURE	18. DATE ( <i>MM/DD/YYYY</i> )
I, THE EMPLOYEE/APPLICANT, CERTIFY THAT I DO NOT ACCEPT THE ACCOMMODATION(S) OFFERED.	
19. EMPLOYEE/APPLICANT SIGNATURE	20. DATE ( <i>MM/DD/YYYY</i> )
<b>*** When sending this form via electronic means, please ensure the file is encrypted to protect the requester PII &amp; PHI information.</b>	

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