



DENIAL OF REASONABLE ACCOMMODATION REQUEST

1. Name of Requester:			
2. Type(s) of Reasonable Accommodation Requested:			
3. Request for Reasonable Accommodation Denied Because (may select more than one): <ul style="list-style-type: none"> <input type="checkbox"/> Medical Documentation Inadequate <input type="checkbox"/> Accommodation Would Require Removal of an Essential Function <input type="checkbox"/> Accommodation Would Require Lowering of Performance or Production Standards <input type="checkbox"/> Accommodation Would Cause Undue Hardship To Agency <input type="checkbox"/> Accommodation Would Be Ineffective <input type="checkbox"/> Other (please identify): 			
4. Detailed Reason(s) for the Denial of Reasonable Accommodation (Must be specific as to why reasonable accommodation is ineffective or causes undue hardship.) Please submit your response on a separate sheet of paper, attached to this form.			
5. If the requester rejects an offer of an alternate accommodation, describe the alternate proposal and explain the reason for rejection of the offered accommodation and why the Agency believes the alternate accommodation would be effective. Please use a separate sheet of paper for your response if necessary.			
6. Appellate Rights (Decision makers must inform the employee/job applicant of these rights.) Individuals who are dissatisfied with the decision of their reasonable accommodation request may ask, in writing, the next higher level Official in their leadership chain to reconsider the decision within 14 calendar days of receipt of the decision. Upon receipt of the written reconsideration request, the Reasonable Accommodation Manager (RAM) must forward it to the designated Official within seven calendar days, or as soon as practicable. The requestor may provide additional information in writing in support of the request for reconsideration. The designated Official must provide a written response to the requestor either affirming (whether in whole or in part) or reversing the original decision within 21 calendar days after receiving the written request for reconsideration. Requesters may also use other statutory or informal processes to appeal their case: <ul style="list-style-type: none"> • Informal Equal Employment Opportunity Complaint: Pursuant to 29 C.F.R. Part 1614, contact an Equal Employment Opportunity counselor in the Office of Civil Rights (OCR) within 45 days from the date of receipt of the written notice of denial of the request for reasonable accommodation at eeocomplaints@usaid.gov. • Merit System Protection Board (MSPB): Pursuant to 5 C.F.R., Part 1201, present an appeal to the MSPB within 30 days of the effective date of an appealable adverse action (https://mspb.gov/). • Filing a written grievance in accordance with the provisions of the Collective Bargaining Agreement if the requestor is a collective bargaining unit member. 			
7. Log Number	Name	Signature	Date

PRIVACY ACT STATEMENT

Pursuant to the Privacy Act of 1974, 5.U.S.C. § 522a, USAID furnishes the following statement to individuals supplying information for a request for a reasonable accommodation at USAID.

AUTHORITY: Sections 501, 504, and 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 791, 794, 794d.

PURPOSES AND ROUTINE USES: USAID collects this information for use in determining whether individuals are entitled to a reasonable accommodation. This information is collected and maintained by USAID.

Information collected in connection with a request for reasonable accommodation is confidential. It is shared only with Agency officials or Agency contractors who need to review the information to make determinations on a reasonable accommodation request.

EFFECT OF NONDISCLOSURE: Supplying the information is voluntary on your part. However, without requested information, USAID will not be able to process requests for reasonable accommodation.