

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

**HRSA DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION**

**RA Case #:**

1. Name (Applicant or Employee):
2. Requester's Organization/Building Location/Telephone #:
  
3. Accommodation Requested:
  
4. Accommodation Request Denied for the Following Reason(s) *(Please Check All Boxes that Apply)*:
  - No appropriate accommodation identified/exists
  - Providing accommodation would cause undue hardship
  - Medical documentation inadequate
  - Accommodation required removal of essential function(s)
  - Accommodation would require lowering of performance or production standard
  - Not a covered disability under Rehab/ADA
  - Alternative accommodation was offered, but rejected
  - Other *(Identify)*:
  
5. Discussion of reason for the denial of reasonable accommodation.  
Be specific; e.g., why accommodation causes undue hardship, or why accommodation is ineffective.
  
6. If an alternative accommodation was offered in lieu of the requested accommodation, explain why the alternative recommendation is believed to be effective.

7. If an individual wishes to request reconsideration of this decision, s/he may take the following steps:

- The request for reconsideration will be submitted to the original decision-maker **within five business days**.
- If the original decision-maker denies the request for reconsideration, the individual will present the request to the next level supervisor who will respond to the request **within five business days**.
- If the original decision is not reversed, the request for reconsideration will be elevated to the next management official within the chain of command, who will, in turn, respond **within five business days**.

8. The requester may seek reconsideration of the denial of this request by choosing from the options listed below:

- To pursue an EEO complaint under 29 C.F.R. 1614, contact an EEO counselor in HRSA's OEOCRDM **within 45 days** from the date of receipt of the written 'Denial of Reasonable Accommodation Request';
- Employee may file a grievance in accordance with the provisions under the Collective Bargaining Agreement;
- Initiate an appeal to the Merit Systems Protection Board (MSPB) **within 30 days** of an appealable adverse action as defined in 5 C.F.R. {1201.3};
- Reconsideration procedures (*see #7 above*).

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**DECIDING OFFICIAL**

Name and Title (*Please print*):

Organization:

Telephone #:

Signature:

Signature Date: