

U.S. Department of Housing and Urban Development  
Office of Administration

DENIAL OF REASONABLE ACCOMMODATION REQUEST

The Disability Program Manager or other decision making official must complete questions 1 through 4 (and, if applicable, question 5), and must sign and date this form. The original must be forwarded to the employee or applicant that requested the reasonable accommodation and a copy to the Disability Program Manager, if not the decision maker. The Disability Program Manager shall retain a copy for reporting purposes.

1. Enter the following information about the employee or applicant who requested the reasonable accommodations:

Requester's Name:

Office:

Location:

Control Number Assigned:

RA- -

(From Form #HUD-0000)

Date of Request:

Date of Denial

(From Form #HUD-0000)

(From Form #HUD-0000)

2. Type(s) of Reasonable Accommodation requested:

3. Reason for Denial of Accommodation Request (*check the appropriate boxes below*):

- Accommodation Ineffective  
 Accommodation Would Cause Undue Hardship  
 Medical Documentation Inadequate  
 Accommodation Would Require Removal of an Essential Function  
 Accommodation Would Require Lowering of Performance or Production Standards  
 Other (*Please specify*):

4. Detailed reason(s) for the denial of reasonable accommodation (Must be specific, e.g., why the accommodation is ineffective or causes undue hardship):

5. If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of accommodation, explain both reasons for denial of the requested accommodation and why you believe that chosen accommodation would be effective:

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**DENIAL OF REASONABLE ACCOMMODATION REQUEST, (Continued)**

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

First, ask the decision maker to reconsider his/her decision. Present any additional information in support of the request.

If the decision maker does not reverse the denial:

- and the decision maker was the immediate supervisor; you can ask the Principal Organization Head to reconsider.
- and the decision maker was the Principal Organization Head; you can ask the Disability Program Manager to reconsider.
- and the decision maker was the Disability Program Manager; you can ask the Department's Equal Employment Opportunity Officer/Director, Office of Departmental Equal Employment Opportunity (ODEEO) who is the Deciding Official in unresolved and/or final reconsideration issues.

You can also elect to use the Alternative Dispute Resolution Program to request reconsideration.

7. If an individual wished to file an EEO complaint or pursue Merit Systems Protection Board (MSPB) and union grievance procedures, s/he must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. § 1614, contact an EEO Counselor in the Office of Departmental Equal Employment Opportunity (ODEEO); or
- For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement; or
- Initiate an appeal to MSPB *within* 30 days of an appealable adverse action defined in 5 C.F.R. § 1201.3.

**DECIDING OFFICIAL:**

Name:

Signature:

Date: