

DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

Instructions: To be completed by Assistant Administrator (AA) or Designated Management Official (DMO). Completed form to be provided to the requestor and sent to: ReasonableAccommodations@usda.gov

1. Name of individual requesting accommodation:	2. Type(s) of accommodation:						
<p>3. Requested accommodation denied because: (Check all that apply)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Accommodation ineffective</td><td><input type="checkbox"/> Accommodation would require lowering of performance/production standard</td></tr><tr><td><input type="checkbox"/> Accommodation would cause undue hardship</td><td><input type="checkbox"/> Other: (Please Specify) _____</td></tr><tr><td><input type="checkbox"/> Accommodation would require removal of an Essential Function</td><td></td></tr></table>		<input type="checkbox"/> Accommodation ineffective	<input type="checkbox"/> Accommodation would require lowering of performance/production standard	<input type="checkbox"/> Accommodation would cause undue hardship	<input type="checkbox"/> Other: (Please Specify) _____	<input type="checkbox"/> Accommodation would require removal of an Essential Function	
<input type="checkbox"/> Accommodation ineffective	<input type="checkbox"/> Accommodation would require lowering of performance/production standard						
<input type="checkbox"/> Accommodation would cause undue hardship	<input type="checkbox"/> Other: (Please Specify) _____						
<input type="checkbox"/> Accommodation would require removal of an Essential Function							
<p>4. The Agency acted in good faith to individually assess the employee/applicant limitations or explore possible accommodations through the "interactive process" and reasonable accommodation procedures, outlined in FSIS Directive 4306.2, Procedures for Processing Reasonable Accommodation Requests by FSIS Job Applicants and Employees with Disabilities:</p> <p><input type="checkbox"/> Yes, the Agency participated in the interactive process with the employee/applicant.</p> <p><input type="checkbox"/> No, the Agency did not participate in the interactive process with the employee/applicant.</p> <p>(If 'No', Please Explain): _____</p>							
<p>5. Give detailed reason(s) for the denial of the accommodation: (must be specific, e.g., why accommodation is ineffective or causes undue hardship)</p> 							
<p>6. If the requestor rejected an offer of an alternative accommodation (including reassignment), explain both the reason for denial of the requested accommodation and why/how the alternative accommodation offered would be effective:</p> 							
<p>7. If an individual wishes to request reconsideration of this decision, she/he may take the following steps:</p> <p>(a) Ask the AA/DMO to reconsider the denial and provide additional supporting information to the Reasonable Accommodation Advisor; and:</p> <p>(b) If the AA/DMO does not reverse the denial, the individual may ask the next level supervisor to review the request.</p>							
<p>8. If an individual wishes to file an EEO complaint or pursue Merit Systems Protection Board (MSPB) and grievance procedures if applicable, she/he must take the following steps:</p> <p>(a) For an EEO complaint pursuant to 29 C.F.R. 1614, contact an EEO counselor within 45 days from the date of this notice of denial of reasonable accommodation; or</p> <p>(b) For Bargaining Unit Employees, file a written grievance in accordance with the provisions of the Labor Management Agreement, or for Non-Bargaining Unit Employees, file a written grievance in accordance with the Administrative Grievance process.</p> <p>(c) Initiate an appeal to the MSPB within 30 days of an appealable adverse action as defined in 5 C.F.R 1201.3; or</p> <p>(d) Utilize the Alternative Dispute Resolution (ADR) process. Pursuing the ADR process does not relieve the individual from adhering to the other time frames indicated above.</p>							
9. Name of AA/DMO:	10. Title of AA/DMO:	11. Signature of AA/DMO:	12. Date: (mm/dd/yyyy)				
13. Date received in Reasonable Accommodations Office: (mm/dd/yyyy)			14. Initials of Reasonable Accommodation Advisor:				