**RESOLUTION OF REASONABLE ACCOMMODATION REQUEST**

**(Must complete numbers 1-3; complete numbers 4-7, if applicable)**

1. **Name of Individual requesting reasonable accommodation:**
2. **Accommodation(s) requested:**
3. **Accommodation(s):**

**\_\_\_\_\_ approved as specifically requested**

**\_\_\_\_\_ approved but different from original request\***

**\_\_\_\_\_ denied**

**\*If the approved accommodation is different from the one(s) originally requested, identify the alternative accommodation(s):**

1. **If an alternative accommodation was offered, indicate whether it was:**

**\_\_\_\_\_ accepted**

**\_\_\_\_\_ rejected**

1. **Request denied because: (may check more than one box)**
	* Requestor does not have a disability
	* Accommodation ineffective 
	* Accommodation would cause undue hardship 
	* Medical documentation inadequate 
	* Accommodation would require removal of essential function 
	* Accommodation would require lowering performance or production standard 
	* Other (Please identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 
2. **Detailed reason(s) for denial (Must be specific, e.g., *why* accommodation would be ineffective or cause undue hardship):**

1. **If the deciding official offered an accommodation that is different from the one originally requested, explain: (a) the reasons for the denial of the accommodation originally requested; and (b) why the alternative accommodation would be effective.**

1. **An individual who disagrees with the resolution of the request may ask \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to reconsider that decision within 10 business days of receiving the “Resolution” form. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory, or collective bargaining claims.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Name of Deciding Official Signature of Deciding Official**

**Date reasonable accommodation denied/approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**