

**ATTACHMENT A**

**UNITED STATES MINT**

**REQUEST FOR REASONABLE ACCOMMODATION**

**SECTION A: (To be completed by employee, applicant, or representative.)**

Employee/Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Location \_\_\_\_\_

Office/Organization \_\_\_\_\_

Occupational Series and Grade \_\_\_\_\_

Briefly describe the specific accommodation requested, if known. (Be as specific as possible, e.g., adaptive equipment, reader, interpreter, schedule change.) If the requested accommodation is time sensitive, please explain.

Briefly describe the medical reason for the requested accommodation.

Employee/Applicant or representative's signature: \_\_\_\_\_

**SECTION B: (To be completed by the Deciding Official.)**

\_\_\_\_ Accommodation approved as specifically requested

\_\_\_\_ Accommodation approved but different from original request. Alternative accommodation offered was \_\_\_\_ accepted \_\_\_\_ rejected.

Please describe the alternative accommodation provided. Explain why the original accommodation requested was not provided and why the alternative accommodation would be effective.

\_\_\_\_\_ Accommodation denied because (check all that apply)

\_\_\_ Individual does not meet the definition of an individual with disability as defined under the Rehabilitation Act and the Americans with Disabilities Act Amendments Act (ADAAA)

\_\_\_ Accommodation is ineffective

\_\_\_ Medical documentation is inadequate

\_\_\_ Accommodation would require removal of essential functions of the job

\_\_\_ Accommodation would require lowering performance or production standard

\_\_\_ Accommodation would cause an undue hardship

\_\_\_ Other (Please identify):

In plain language, clearly state the detailed reason(s) for denying the request (e.g. explain specifically why an accommodation would be ineffective or cause undue hardship):

Deciding Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

An individual denied accommodation may request reconsideration by submitting a request in writing to the Deciding Official within **ten (10) business days** of receiving the accommodation decision. The individual may present additional information to support his/her request or may be requested to provide information to assist in making a decision. If the decision is not reversed, the individual may appeal in writing to the next level manager or any other senior official in the Deciding Official's chain of command who was not involved in the original decision within **ten (10) business days** of receiving the denial of the request for reconsideration. Request for reconsideration or appeal of the Deciding Official's decision does not extend the time limits for filing an EEO complaint, pursuing MSPB appeal, or grievance procedures.

If you wish to file an EEO complaint, pursue MSPB appeal, or grievance procedures, you must comply with the following, as appropriate:

- EEO Complaint: Contact your local EEO Manager within 45 calendar days from the date of receipt of the Deciding Official's written decision of denial.

- Grievance: File a grievance in accordance with the provisions of the controlling Collective Bargaining Agreement.
- MSPB Appeal: Initiate an appeal within 30 calendar days of an appealable adverse action as defined in 5 C.F.R. § 1201.3.