
REVIEW OF REASONABLE ACCOMMODATION REQUEST

Type or print all applicable entries. Attach decision letter to this form. Sign and date. Provide requestor with a copy of the complete package.

NAME OF REQUESTOR	TYPE(S) OF ACCOMMODATION REQUESTED	DATE OF REQUEST
SHIPPING ADDRESS, IF APPLICABLE	TELEPHONE NUMBER FOR DELIVERY	

DECISION
(Check one and provide date)

APPROVED DATE: APPROVED WITH MODIFICATION DATE: DENIED DATE:

Specify the type(s) of accommodations approved or denied:

If Denied was checked, choose one of the following reasons:

If Requestor rejected an offer of an alternative accommodation, explain the reason for the denial of the original requested accommodation and how the offered alternative accommodation would be effective.

INSTRUCTIONS FOR RECONSIDERATION OF DECISION

If an individual wishes to request reconsideration of this decision, take the following steps:

- Ask the decision maker to reconsider denial. Additional information may be presented to support this request.
- If the decision maker was the individual's supervisor, the individual can ask a higher level manager in the chain of command to review the decision.
- If the decision is not overturned, the individual may file an Equal Employment Opportunity (EEO) complaint, or pursue Merit System Protection Board (MSPB) or union grievance (collective bargaining claim) procedures.

To do this, take the following steps:

- For an EEO complaint pursuant to the Code of Federal Regulations as defined in 29 C.F.R. Part 1614, contact GSA's EEO Office within 45 calendar days from the date of the decision.
- For a collective bargaining claim, file a written grievance according to the provisions of the Collective Bargaining Agreement.
- For a MSPB appeal submit the request within 30 days of an appealable adverse action as defined in 5 C.F.R. Part 1201.3.

SIGNATURE OF DECISION MAKER	NAME OF DECISION MAKER	DATE
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