

## RESPONSE TO DISABILITY ACCOMMODATION REQUEST

This form must be completed after an employee has requested a reasonable accommodation. An agency's Accommodation Coordinator (or other designated official) must complete Part A and send a copy to the requesting employee. (Civil Service Regulation 1.04 requires the Accommodation Coordinator to issue a written response within **eight weeks** after receiving a complete accommodation request from an employee.)

PART A: ACCOMMODATION COORDINATOR'S RESPONSE TO REQUEST FOR ACCOMMODATION	
1. Accommodation Coordinator's Name	2. Coordinator's Title
3. Agency	4. Date Request Received
5. Employee's Name	6. Employee's Identification Number
7. Final Disposition of Request (Describe the request received and the interactive process performed. Check the appropriate box or boxes and then explain the action in detail. See instructions.) <input type="checkbox"/> Employee's Requested Accommodation APPROVED <input type="checkbox"/> Alternative Effective Accommodation Offered, and (check one): <input type="checkbox"/> Accepted by Employee <input type="checkbox"/> Rejected by Employee <input type="checkbox"/> Employee's Requested Accommodation DENIED	
Accommodation Coordinator's Signature	Date
PART B: EMPLOYEE'S ACKNOWLEDGMENT (When completed, return to Accommodation Coordinator.)	
I acknowledge receipt of this response and I <input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE (If you disagree, please explain and attach any necessary documentation.)	
Employee's Signature	Date

# RESPONSE TO DISABILITY ACCOMMODATION REQUEST

## INSTRUCTIONS FOR COMPLETING THE FORM

**PART A:** To be completed by the agency's Accommodation Coordinator or designee.

<u>Fields</u>	<u>Instructions</u>
Fields 1-6	Self-explanatory.
Field 7	<p>Describe your decision on the employee's request for an accommodation. Describe the request received and the interactive process performed and:</p> <p>A. If you <i>approve</i> the employee's requested accommodation or an alternative effective accommodation is offered that the employee accepts, check the box for "Employee's Requested Accommodation APPROVED," <u>or</u> the boxes for "Alternative Effective Accommodation Offered" and "Accepted by Employee," <u>and</u> "Employee's Requested Accommodation DENIED." Describe, at minimum: the accommodation approved, including any equipment or services to be provided and any training necessary; how the approved accommodation addresses functional limitations; when the accommodation takes effect; and if the accommodation is being provided on a trial basis, when the trial period ends.</p> <p>B. If you deny the employee's requested accommodation and the employee rejects an offered alternative effective accommodation, check the boxes for "Alternative Effective Accommodation Offered" and "Rejected by Employee," <u>and</u> "Employee's Requested Accommodation DENIED." Describe, at minimum the accommodation requested, the accommodation offered, how the offered accommodation would address functional limitations, why the requested accommodation is denied.</p> <p>C. If you deny the employee's requested accommodation and no alternative effective accommodation is offered, check the box for "Employee's Requested Accommodation DENIED" and describe in detail your reasons for denying the request.</p>

After completing Part A, the Accommodation Coordinator or designee sends a copy of the completed form to the employee.

**PART B:** To be completed by the employee.

**Instructions** The employee should review Part A and indicate agreement or disagreement with the final decision. If the employee disagrees with the final decision, the employee may provide an explanation and any necessary documentation to substantiate disagreement.

Upon completing Part B, the employee keeps a copy and returns the signed copy of the Response to Disability Accommodation Request (and any attached documentation) to the agency's Accommodation Coordinator or designee.

### **NOTICE TO EMPLOYEE:** Appeal of accommodation decision.

If an employee is dissatisfied with the Accommodation Coordinator's final response or the Accommodation Coordinator fails to issue a final response within eight weeks, the employee may appeal through the appropriate grievance process or take other action authorized by law.