

Denial of Accommodation Request

Please complete questions 1-4. Question 5 should be answered if applicable.

1. Name of individual requesting accommodation:
2. Type(s) of accommodation requested:
3. Request for accommodation denied because (*may check more than one box*):
 - Accommodation ineffective
 - Medical documentation inadequate (*circle one*)
 - Employee has not substantiated a medical impairment.
 - Employee has not substantiated that the impairment necessitates a restriction.
 - Employee has not substantiated that the impairment necessitates the restriction requested.
 - Accommodation would require removal of an essential function.
 - Accommodation would require lowering of performance or production standard.
 - The restriction does not impact the job (*i.e., the employee is not required to do the restricted activity within the course of the job*).
 - Other (*please identify*)
4. Detailed reason(s) for the denial of accommodation (*must be specific, i.e., why accommodation is ineffective or causes undue hardship*):
5. If the individual proposed one type of accommodation that is being denied but rejected an offer of a different type of reasonable accommodation, explain the reasons for denial of the requested accommodation and why you believe that the offered accommodation would be effective.

Name of deciding official: _____

Date accommodation denied: _____

Note: Do not include medical information on this form. Place all documentation in the employee's central file.