	RESOLUTION OF REQUEST FOR REASONABLE ACCOMMODATION
	Items 1-5 must be completed, Complete Item 6 if applicable.
1. Name of In	dividual Requesting Reasonable Accommodation 1a. Date
2. Type of Re	asonable Accommodation Requested
3. Accommod	ation(s)
	ed as specifically requested
Approve	ed but different from original request*
Denied	
*If the approve	d accommodation is different from the one(s) originally requested, identify the alternative accommodation(s) in the Remarks block
4. If Alternativ	e Accommodation Was Offered, Indicate Whether it Was ed
Rejecte	d
	enied Due to (Check all that apply) for does not have a Rehabilitation Act disability
Accomn	nodation ineffective
Accomn	nodation would cause undue hardship
Medical	documentation inadequate
Accomm	nodation would require removal of essential function
Accomn	nodation would require lowering performance or production standard
Other (id	lentify):
6 Detailed De	eason(s) for the Denial of Reasonable Accommodation (Must be specific, e.g., why accommodation is ineffective or causes undu

7. 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.

UNCLASSIFIED//FOR OFFICIAL USE ONLY

8. An individual who disagrees with the resolution of the request may ask the Director of the Equal Employment Opportunity Office 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.			
Deciding Official Name	Signature of Deciding Official	Date Accommodation Resolved	
Remarks			
remains			