

Procedures for Providing Reasonable Accommodation for Individuals with Disabilities

HITD FORM 11600, DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

U.S. Department of Housing and Urban Development  
Office of Administration

DENIAL OF REASONABLE ACCOMMODATION REQUEST

The Decision Making Official must complete questions 1 through 4 (and, if applicable, question 5), and must sign and date this form. The original must be forwarded to the employee or applicant that requested the reasonable accommodation and a copy to the Disability Program Manager, if not the decision maker. The Disability Program Manager shall retain a copy for reporting purposes.

Enter the following information about the employee or applicant who requested the reasonable accommodations:

Location: \_\_\_\_\_

Requester's Name: Office: \_\_\_\_\_

Control Number Assigned (From HUD Form-1000): RA-200- \_\_\_\_\_

Date of Request:

Date of Denial:

(From HUD Form-1000)

(From HUD Form-1000): 2.

Type(s) of Reasonable

Accommodation requested: \_\_\_\_\_

3. Reason for Denial of Accommodation Request (*check the appropriate boxes below*):

- Accommodation Ineffective
- Accommodation Would Cause Undue Hardship
- Medical Documentation Inadequate
- Accommodation Would Require Removal of an Essential Job Function
- Accommodation Would Require Lowering of Performance or Production Standards
- Other (*Please specify*): \_\_\_\_\_

4. Detailed reason(s) for the denial of reasonable accommodation (Must be specific, e.g., why the accommodation is ineffective or causes undue hardship): \_\_\_\_\_

5. If the proposed reasonable accommodation is being denied and an effective alternative accommodation was offered, but rejected by the individual, explain the reason(s) for denying the proposed accommodation, the effectiveness of the alternative accommodation, and the individual's stated reason for its rejection: \_\_\_\_\_



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DENIAL OF REASONABLE ACCOMMODATION REQUEST, (Continued)

6. If an individual wished to request reconsideration of this decision, s/he may take the following steps:
  - ◆ First, ask the decision maker to reconsider his/her decision. Present any additional information in support of the request
  - ◆ If the decision maker does not reverse the denial:
    - and the decision maker was the immediate supervisor; you can ask the Principal Organization Head to reconsider.
    - and the decision maker was the Principal Organization Head; you can ask the Disability Program Manager, through the Reasonable Accommodation Committee (RAC) to reconsider.
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  - ◆ You can also elect to use the Alternative Dispute Resolution Program to request reconsideration.
  
7. If an individual wished to file an EEO complaint or pursue Merit Systems Protection Board (MSPB) and union grievance procedures, s/he must take the following steps:
  - ◆ For an EEO complaint pursuant to 29 C.F.R. § 1614, contact an EEO Counselor in the Office of Departmental Equal Employment Opportunity (ODEEO); or
  - ◆ For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement; or
  - ◆ Initiate an appeal to MSPB *within* 30 days of an appealable adverse action defined in 5 C.F.R. § 1201.3.

DECLINING OFFICIAL:

Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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