

Appendix C: Management Decision Form

Reasonable Accommodation Management Decision Form

TO: [Requestor's Name], [Position], [IC]

FROM: [Manager's Name], [Position], [IC]

DATE: [MM/DD/YYYY]

Accommodation

Request Date: [MM/DD/YYYY (date individual made the request)]

RE: Decision on [Individual's Name] Request for Reasonable Accommodation

[Requestor's Name]:

It is my understanding you have requested a reasonable accommodation (RA) and submitted supporting documents, such as medical, if necessary. Specifically, you have requested:

- [specific request]

I have reviewed your request. Based upon that review, consultation as needed with the Reasonable Accommodation Program (RAP), and the information you have provided through our interactive dialogue, your request(s) is:

☐ **Approved**

☐ **Denied**

Reason for Denial:

- o [insert reason(s) OR N/A]

Additional Instructions/Information:

[Insert clarification and stipulations (if needed)]

The determination of this reasonable accommodation is subject to Agency review. Additional medical documentation may be requested to determine if the accommodation(s) continue to be medically necessary.

Additionally, notwithstanding this accommodation, you are required to comply with all other rules/policy concerning performance and conduct.

Manager's Signature: __[signature]_____ Date: __[MM/DD/YYYY]_____

Attachment: Employee Rights

ATTACHMENT – EMPLOYEE RIGHTS

If an individual is dissatisfied with a decision made regarding a request for a reasonable accommodation, the individual may:

Reconsideration of Reasonable Accommodation Request

1. An individual may request that the first-line manager (if applicant, then HR manager) reconsider their decision on the reasonable accommodation request. Requests for reconsideration must be submitted in writing within ten (10) business days of receipt of the decision. The individual may present additional supporting information in their request for reconsideration. It is recommended that the request for reconsideration be submitted through the Entellitrak Reasonable Accommodation system. The first-line/HR manager will respond to the request in writing within five (5) business days.
2. If the first-line/HR manager affirms the previous decision, then the individual may request further reconsideration from the second-line/HR manager. Requests for second-level reconsideration must be submitted in writing within ten (10) business days of receipt of the decision on first-level reconsideration. It is recommended that the request for reconsideration be submitted through the Entellitrak Reasonable Accommodation system. The second-line/HR manager must respond to this request in writing within five (5) business days.

NOTE: The time limits set forth in EEOC's regulations for bringing a claim to EEOC, MSPB, or union grievance procedures will not be stayed by this reconsideration process.

If an individual believes they have been discriminated against based on the disability or the denial of their request for accommodation, the individual may pursue the following:

File an EEO Complaint

- A. The individual must contact EDI within 45 days of receipt of a final decision regarding his/her request for reasonable accommodation to obtain the assistance of a counselor.
- B. The counselor will advise the individual regarding the availability of the Agency's Alternative Dispute Resolution Program for EEO complaints and the process for filing an EEO complaint.
- C. For more information and how to contact a counselor please contact the Office of Equity, Diversity, and Inclusion. 2 Center Dr. 3rd Floor Suite. Phone: 301-496-6301. Website: www.edi.nih.gov/resolutions.

File a Grievance (Bargaining Unit & Administrative)

- A. Bargaining Unit Employees must use the negotiated procedures outlined in their collective bargaining agreements. Please consult your union representative for details.
- B. Non-Bargaining Unit Employees must follow procedures set forth in the Administrative Grievance process.
- C. For more information on filing a grievance, please contact the Office of the Ombudsman. Monday-Friday: 8:00AM-5:00PM. Building 31, Room 2B63. Email: ombudsman@od.nih.gov. Phone: 301-594-7231.