

Tab B

RECOMMENDATION FOR DENIAL OF REASONABLE ACCOMMODATION REQUEST TO NATIONAL REASONABLE ACCOMMODATION COORDINATOR

EMAIL: ^DCHR OPE CADS NRAC REVIEW

Section A: General Information

1. Name, job title, and SSA contact information of employee requesting reasonable accommodation (RA):
2. Date of reasonable accommodation request:
3. How the employee submitted the RA request (e.g., orally, e-mail, RA Wizard, SSA Form 501, etc.):
4. Date Recommended Denial was submitted:
5. RAPIDS Request ID Number:
6. First line supervisor's name, title, and direct contact information:
7. Name, title, and direct contact information of Local Delegated Official (LDO) (if different from supervisor) (Note: This is the individual with authority to approve the request under your component's Delegations of Authority):
8. Name(s) and title(s) of other relevant management officials we should contact:
9. Name of Reasonable Accommodation Coordinator (RAC):
10. Names, titles, and components, if any, of all experts or contacts you reached out to in making this determination (e.g. OGC, Medical Office, Parking Office, Health and Safety, etc.)
11. Brief summary of employee's essential job duties:
12. Employee's stated impairment:
13. Accommodations in place prior to request:

Section B: Accommodations Requested and Accommodations Granted:

1. List the accommodations requested:
2. List any accommodations requested that are being granted:

Section C: Recommendation for Denial of Reasonable Accommodation

1. Recommendation for denial based on lack of a disability

This should always be the first inquiry. There is no need to make a decision on an accommodation if the employee does not have a disability.

a. Are you recommending denial based on lack of disability (YES or NO)?

If YES, proceed to b. If no, proceed to Number 2.

b. Please explain why the decision maker is recommending denial based on lack of disability.

2. Recommendation for denial related to accommodation requested

Recommendations for denial for reasons other than disability should only occur after it is determined that the employee has a disability. LDOs may recommend denial if the employee has a disability for the following reasons:

- No need for an accommodation
- Accommodation would not be effective
- Does not support the essential functions of the position (please attach Position Description (PD))
- Removes essential functions (please attach PD)
- Not qualified (Not a Qualified Individual with a Disability -QUID)
- Undue hardship
- Lowers Performance Standards
- Refusal to accept effective or reasonable alternative
- Other

For each accommodation where the LDO is recommending denial, indicate the reason for the recommendation and any alternatives that were offered and declined by the employee. Note: If the employee accepts the alternative in lieu of the original accommodation requested, you should not recommend denial.

Requested Accommodation 1:

Basis of recommendation and explanation

Alternatives offered and declined

Requested Accommodation 2:

Basis of recommendation and explanation

Alternatives offered and declined

Requested Accommodation 3:

Basis of recommendation and explanation

Alternatives offered and declined

Requested Accommodation 4:

Basis of recommendation and explanation

Alternatives offered and declined

Section D: Required Documentation

Upload all documentation listed below into RAPIDS.

1. Recommendation for Denial form;
2. FORM SSA-501-F3(10-05), if used, or any requests for an accommodation in writing from employee;
3. All e-mail and other correspondence related to the request, including opinions from supporting components (Ex. Health and Safety);
4. Medical documentation submitted to supervisor, LDO, or RAC relating to the current request. This includes any documents submitted for disability parking, Workers Compensation, or Office of Realty Management that the employee submitted to support the request. Medical documentation is not needed for (1) established employee with a disability (EWD) making a request related to the same conditions, and (2) obvious conditions; and
5. Any Medical Office opinions obtained.

Section E: Submitting the Recommendation for Denial

1. Update RAPIDS [See Tab A Instructions]
2. Upload all documentation received as specified in Section D [See Tab A Instructions]
3. Send an e-mail to ^DCHR OPE CADS NRAC REVIEW notifying the NRAC of the recommended denial and the RAPIDS Request ID # (s). Include this Recommended Denial Form as an attachment to the e-mail. The email should also confirm that you have updated RAPIDS and you have uploaded documents.