

Tab E

CLOSEOUT LETTER TO EMPLOYEE – Denial of RA Request

DATE

NAME

Social Security Administration

ADDRESS

ADDRESS

Re: Reasonable Accommodation Decision

Dear XXXX,

On **[date]**, you made a request for a reasonable accommodation **[through the Reasonable Accommodation Wizard; through the SSA-501 Form; verbally; by e-mail;] [to your supervisor, other management official, the Regional Accommodation Coordinator (RAC), the Center for Accommodations and Disability Services (CADS)]] due to your [condition or impairment].** You requested **[accommodation requested].**

The Rehabilitation Act of 1973, as amended (Rehab Act) requires agencies of the Federal government to make a reasonable accommodation to the known, actual physical or mental limitations of qualified employees with disabilities unless the agency can show that accommodation would cause undue hardship. **[For no disability basis, insert: “To be disabled under the Rehab Act, you must have a physical or mental impairment that substantially limits your ability to engage in one or more major life activities.”]**

We reviewed your request along with your supporting documentation consistent with the SSA Policy regarding Reasonable Accommodations found in the Personnel Policy Manual S1630_1 and the Rehab Act. After carefully reviewing the information and documentation obtained, including the NRAC Review Team Analyst’s discussion with you and management, for the reasons stated below, the Agency is denying your request for **[accommodation requested].**

Insert applicable paragraphs

Does not have a disability

The information provided is insufficient to establish that you have a disability as defined by the Rehab Act. Your medical documentation from **[name of health care provider]**, dated **[date]**, indicates that you have **[medical conditions or impairments]** and that you need **[recommended accommodation]**. Your medical documentation does not indicate the nature, severity, or duration of your impairment; the activity or activities the impairment limits; or the

extent to which the impairment limits your ability to perform major life activities. Because you are not an employee with a disability as defined under the Rehab Act, you are not entitled to an accommodation. Therefore, the Agency is denying your request.

No need for this accommodation

The medical documentation you submitted is insufficient to establish that **[accommodation requested]** is necessary for you to perform the essential functions of your job. Your medical documentation must support a nexus, or connection, between the limitations presented by your medical condition and your accommodation request. Your medical documentation from **[name of health care provider]**, dated **[date]**, states that you have **[medical conditions/impairments and limitations]** **[and recommends that you be accommodated by (recommended accommodation)]** **OR [but does not give any recommendations for accommodations]**. **[Summarize additional medical documentation if needed]**. The medical documentation does not explain how **[requested accommodation]** would address your limitations such that you would be able to perform the essential functions of your job. Therefore, the Agency is denying your request for **[requested accommodation]**.

Accommodation requested would not be effective

Based on medical documentation and information obtained, the Agency has determined that **[requested accommodation]** would not be effective. The medical documentation from **[name of health care provider]**, dated **[date]**, states that you **[list of limitations]**. The accommodation you have requested **[does not address your limitations, because it does not (insert reasons).]** **OR [would not enable you to perform the essential functions of your position (or enjoy the benefits or privileges of employment).]** Therefore, the Agency is denying your request for **[requested accommodation]**.

Does not support the essential functions of the position

The Agency is denying your request **[accommodation requested]**, because is not necessary for you to perform the essential functions of your job. **[Accommodation requested]** is unrelated to both your job functions and your disability.

[If appropriate add: Indefinite leaves of absence are not required as a reasonable accommodation under the Rehab Act.]

Accommodation would remove an essential function of the position

As an accommodation, you are requesting to be excused from **[list work function(s)]**. However, **[work function]** is considered an essential function of your position as **[a/an] [employee's position]** in the **[component]** because **[state reasons]**. If we were to grant you this accommodation, it would not support you in performing the essential functions of your position or the benefits or privileges of employment. As, the Agency is not required to eliminate an essential function as a reasonable accommodation, the Agency is denying your request.

[If Applicable: (Because you are an individual with a disability, I am instructing local management to engage in the interactive process with you to identify an effective alternative accommodation that will address your medical restrictions and enable you to perform the essential functions of your job.)]

Not qualified for the position

The Agency is required to provide reasonable accommodation only to qualified individuals with disabilities. To be qualified, an employee must be able to perform the essential functions of his or her job with or a without reasonable accommodation. Your medical documentation from **[name of health care provider]**, dated **[date]**, indicates that you have **[list medical conditions/impairment and restrictions]**. **[Summarize additional medical documentation if needed]**. **[If applicable, add: (The Agency has previously provided you (list accommodations), but even with these accommodations, you have been unable to perform the essential functions of your job.)]** Due to your medical restrictions, you are unable to perform **[list essential functions]**, with or without a reasonable accommodation. Therefore, the Agency is denying your request for **[requested accommodation]**.

Reassignment as a last resort

Because you are no longer qualified to perform the essential functions of your current position, as a last resort, I am instructing local management to conduct a reassignment search in accordance with the [Personnel Policy Manual, Chapter S1630 1 Section 5.16 - Reassignment](#).

OR

The Agency has considered whether there are any vacant, funded positions for which you are qualified to which you could be reassigned. The Agency offered to reassign you to the position of **[position]**, but you declined this offer.

OR

The Agency has considered whether there are any vacant, funded positions for which you are qualified to which you could be reassigned. The Agency has determined there are no

vacant positions for which you are qualified, as all positions within the agency require the ability to **[list tasks/functions]**.

Accommodation would cause an undue hardship

The Agency is required to provide reasonable accommodations to qualified individuals with disabilities unless doing so would cause an undue hardship. Your requested accommodation would cause an undue hardship because **[state reasons]**. In the alternative, the Agency **[has provided/is providing]** you with **[list effective alternative accommodation]**. This accommodation will enable you to perform the essential functions of your position without causing the Agency an undue hardship. Accordingly, the Agency is denying your request for **[requested accommodation]**.

Accommodation would lower performance standards

The Agency is not required lower production standards, whether qualitative or quantitative, as a reasonable accommodation. Your request for **[requested accommodation]** would result in a lower production standard for you as compared to other **[list employee's position]** in the Agency. **[If applicable: (Management has provided you with (list items provided) to help you meet productivity expectations (which you stated is effective.))]** Therefore, the Agency is denying your request.

[If applicable: (Because you are an individual with a disability, I am instructing local management to engage in the interactive process with you to identify an effective alternative accommodation that will address your medical restrictions and enable you to perform the essential functions of your job.)]

Refusal to accept reasonable or effective alternative

An employee with a disability is entitled to an effective accommodation, not necessarily his or her preferred accommodation. An effective accommodation is one that enables the employee to perform the essential functions of his or her job. The Agency has **[offered/provided]** you **[list accommodation(s)]**, which will enable you to perform the essential functions of your job, which you declined. Therefore, the Agency is denying your request for **[requested accommodation]**.

Reassignment

You are requesting reassignment to **[name or type of position]** **[that does not require (list activity).]** However, reassignment is considered an accommodation of last resort that the Agency considers only after it determines that an employee with a disability is unable to perform

the essential functions of his or her job with or without a reasonable accommodation. The Agency **[has offered/is offering]** you the following accommodations to enable you to perform the essential functions of your job: **[list accommodations]**. Therefore, the Agency is denying your request for reassignment.

Personal Mobility Devices

The Agency provides reasonable accommodations to employees in order to assist them in performing the essential functions of a position. You requested a **[list device – e.g. scooter or other device]** for your use **[where/why - e.g. in the parking lot, to help in the restroom, etc.]**. As that will not assist in the essential functions of your position, the Agency will not grant you the accommodation you requested. However, you may bring in your own **[insert device]** and store it in your work area to assist you with your personal needs.

If you wish to request reconsideration of this decision, you may submit your request in writing by e-mail to me, Tamara Stenzel, National Reasonable Accommodation Coordinator, in the Office of Personnel, Center for Accommodations and Disability Services at ^DCHR OPE CADS NRAC REVIEW. You should include a statement as well as any new information you wish to provide.

You have the right to file an Equal Employment Opportunity (EEO) complaint if you feel the agency has discriminated against you with respect to this decision. In order to preserve your right to file a formal complaint of discrimination under the statutory EEO procedure, you must seek EEO counseling by contacting **[insert OCREO or Regional CREO contact information]** within 45 calendar days of this decision. A request for reconsideration does not stop the period of 45 calendar days to seek EEO counseling.

We recognize that the reasonable accommodation process and difficulties on and off the job related to medical conditions or impairments can be stressful. The Employee Assistance Program (EAP) is available to you, if needed. You may contact the EAP at 1-877-549-9528.

Sincerely,

Tamara F. Stenzel
National Reasonable Accommodation Coordinator

cc:

[Local Delegated Official]

[Reasonable Accommodation Coordinator]