

**APPENDIX E  
DENIAL OF ACCOMMODATION REQUEST**

Log Number: \_\_\_\_\_

1. Individual Requesting Reasonable Accommodation: \_\_\_\_\_

2. Type(s) of accommodation requested:

3. Request for accommodation denied because (may check more than one box):

Accommodation Would Cause Undue Hardship

Medical Documentation Inadequate

Accommodation Would Require Removal of one or more essential job functions

Other (Please identify) \_\_\_\_\_

4. Detailed Reason(s) for the denial of a requested accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship):

5. If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of reasonable accommodation, explain both the reasons for denial of the requested accommodation and why the chosen accommodation is effective.

6. An individual who disagrees with the denial of an accommodation request is encouraged to initiate alternative dispute resolution (ADA) through any applicable ADA process established by the Army.

7. If the individual wishes to file an EEO complaint, or pursue Merit Systems Protection Board (MSPB) appeal and union grievance procedures, s/he must take the following steps. The time limits for these steps apply whether or not the individual has initiated ADR:

- For an EEO complaint pursuant to 29 C.F.R. 1614, contact an EEO counselor in the Equal Employment Opportunity office within 45 days from the date of this notice of denial of accommodation request; 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 the MSPB within 30 days of an appealable adverse action as defined in 5 C.F.R. § 1201.3.

\_\_\_\_\_  
**Printed/Typed Name**  
**Signature of Deciding Official**

\_\_\_\_\_  
**Date Requested Accommodation Denied**

\_\_\_\_\_  
**Employee Signature Acknowledging Receipt**

\_\_\_\_\_  
**Date of Receipt**