



Memorandum

Date Month/Day/Year
From Decision Maker, Title, Work Component and location
Subject Reasonable Accommodation (RA)- RA Request Number
To Employee, Title, Work Component and location

On Date, you initiated a request for the following as a reasonable accommodation:

Accommodation Category	Accommodation Type

A thorough review of your request was conducted by the agency Medical Reviewing Authority (MRA) on ; and determined that in accordance with the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, your impairment meets the definition of a disability. Documentation reviewed included your “Request for Reasonable Accommodation” dated Month/Day/Year and documentation from your health care provider dated: .

Accommodation Type	Supervisor Decision	Supervisor Rationale

In accordance with Title 29, Code of Federal Regulations (CFR) 1630.9, an agency must reasonably accommodate the known physical or mental limitations of an otherwise qualified applicant or employee with a disability, unless it can show the accommodation would impose an undue hardship on its operations.

If you are dissatisfied with this decision, you may opt to:

- a) Begin the Reasonable Accommodations process again by submitting a new request for reasonable accommodations.
- b) Request prompt reconsideration of you request:

1. If you request reconsideration, the request for reconsideration must be in writing and submitted to the original decision maker within **five business days** of your decision. You must

submit additional medical documentation in support maker of your request for reasonable accommodation. The original decision maker will respond to the request for reconsideration within **ten business days**.

2. If the original decision maker does not reverse the decision, you may submit the request to the second level supervisor/manager in your chain of command within **five business days** of the decision. The second level supervisor/manager will respond to the request within **ten business days**.

3. If the decision is not reversed by the second level supervisor/manager, the request for reconsideration may be elevated to the third level supervisor/manager within the chain of command within **five business days** of the decision. The third level supervisor/manager will respond within **ten business days** with a decision. The third level supervisor in the employee's chain of command is the final decision maker in the appeal process.

c) You may also contact the Alternative Dispute Resolution Office of Equal Employment Opportunity (OEEO) and initiate the Informal Mediation Process at any point in the reconsideration process.

Pursuing any of the informal dispute resolution procedures identified above, including seeking reconsideration from the decision maker and appealing to the next person in the decision maker's chain of command, does not affect the time limits for initiating statutory and collective bargaining claims. An individual's participation in any or all these informal dispute resolution processes does not satisfy the requirements for bringing a claim under EEO, MSPB, or union grievance procedures.

An individual who chooses to pursue statutory or collective bargaining remedies for denial of reasonable accommodation **must**:

- For an EEO complaint: contact an EEO counselor in the CDC OEEO **within 45 days** from the date of receipt of the written "Denial of Reasonable Accommodation Request" or reconsidered denial;
- 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.

A discrimination complaint must be filed with the following agency official:

**Complaints Manager
Office of Equal Employment Opportunity
MS-US11-1EEO
Center for Disease Control and Prevention
Atlanta, GA 30329**

If you require further information on these procedures, you may contact the OEEO Reasonable Accommodation Office at 770-488-1525.

Decision Maker Name
Decision Maker Title

Acknowledgement of Memorandum

Employee Name

Date

cc: CDC OEEO
RA Specialist Name
RA Specialist (MS US11-1EEO)