



Form 1284 - DENIAL OF REASONABLE ACCOMMODATION REQUEST

(Must complete numbers 1-2; complete number 3, if applies)

1. Name of Individual requesting reasonable accommodation: XXXXXXXXXXX

2. Type(s) of reasonable accommodation requested and reasons for denial.

Accommodation Type	Denial Reason	Detailed Reason(s) for Denial
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3. 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 you believe the chosen accommodation would be effective.

4. If an individual would like to request a reconsideration of this decision, she/he may take the following steps:

- First, ask the decision maker to reconsider his/her denial. Additional information may be presented to support this request.
- If the decision maker does not reverse the denial:
  - and the decision maker was the individual's supervisor, the individual can ask the 2<sup>nd</sup> line supervisor for a reconsideration.

- and the decision maker was the 2<sup>nd</sup> line supervisor, the individual can ask the 3<sup>rd</sup> level supervisor for a reconsideration.
- and the decision maker was the 3<sup>rd</sup> line supervisor, the employee can explore other resources regarding their decision.

**5. If an individual would like to file an EEO complaint, pursue MSPB appeal, or file a negotiated grievance, she/he must follow the respective steps for each process:**

- For an EEO complaint pursuant to 29 C.F.R. §§ 1614, contact an EEO counselor in the Office of Equal Opportunity *within 45 days from the date of notice of denial of reasonable accommodation*; OR
- If covered by a collective bargaining agreement, file a negotiated (written) grievance in accordance with the provisions of the applicable collective bargaining agreement; OR
- Initiate an appeal to the Merit Systems Protection Board *within 30 days of an appealable adverse action* as defined in 5 C.F.R. §12001.3. (Note: Denials of reasonable accommodation requests standing alone are not appealable to MSPB.)

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Name of Deciding Official

Signature of Deciding Official

Date reasonable accommodation denied :

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**Privacy Act Statement**

Executive Order 13164 and 5 CFR 339 authorizes the collection of the information on this form. The data will be used to process requests for reasonable accommodation and to analyze information contained in the form as it applies to CDC/ATSDR employees and applicants with disabilities requiring a reasonable accommodation. Data may be disclosed to the Personnel Generalist, Human Resources Management Office; the Supervisor or appropriate Management Official; or the Disability Program Manager. An accounting of the disclosures that have been made will be made available to you upon request. Furnishing the information on this form is voluntary; however, failure to do so may result in the inability to process the application.

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SAMPLE