

**CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION/
PERSONAL ASSISTANCE SERVICES (PAS)**

1.

Applicant's or Employee's Name

Applicant's or Employee's Telephone No.

Name of Individual Completing Form (if other than Applicant or Employee)

Employee's Office or Applicant's Address

Today's Date: _____

Date of Request: _____

2. ACCOMMODATION/PAS REQUESTED (*Be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc. Please note, PAS are not available to applicants, per 29 C.F.R. § 203 (5)(i).*)

3. REASON FOR REQUEST

If accommodation/PAS is time sensitive, please explain:

Return Form to Reasonable Accommodation Advisory Panel

(Reasonable Accommodation Advisory Panel will assign number)

4. Request No. : _____

**PRIVACY ACT
STATEMENT**

In compliance with the Privacy Act of 1974, 5 U.S.C. §552a, the following information is provided: Solicitation of the information on this form is authorized by E.O. 13164 and pertinent Equal Employment Opportunity Commission policy guidelines establishing procedures to facilitate the provision of reasonable accommodation.

**DENIAL OF REASONABLE
ACCOMMODATION/PERSONAL ASSISTANCE
SERVICES (PAS) REQUEST**

Must complete numbers 1-4; complete number 5 if applicable.

1. **Name of individual requesting reasonable accommodation/PAS:**

2. **Type(s) of reasonable accommodation/PAS requested:**

3. **Request for reasonable accommodation/PAS denied because: (check all that apply)**
 - Accommodation/PAS ineffective**
 - Accommodation/PAS would cause undue hardship**
 - Medical documentation inadequate**
 - Accommodation/PAS would require removal of an essential function**
 - Accommodation/PAS would require lowering of performance or production standard**
 - Other (please identify)**

4. **Detailed reason(s) for the denial of reasonable accommodation/PAS (e.g., why accommodation/PAS is ineffective or causes undue hardship):**

5. **If the individual proposed one type of reasonable accommodation/PAS which is being denied, but rejected an offer of a different type of reasonable accommodation/PAS, explain both the reasons for denial of the requested accommodation/PAS and why you believe the chosen accommodation/PAS would be effective:**
6. **If an individual wishes to appeal this decision, s/he may take the following steps:**
- **An appeal must be filed within 10 days of receiving the decision. The appeal must be in writing and state the specific reason(s) the decision is being appealed and the relief requested.**
 - **Appeals should be sent to the Panel. Specific contact information for where, and to whom, appeals should be sent will be detailed in the decision.**
 - **Appeals will be handled by a panel of three STB Office Directors, designated by the Chairman, and not involved in the initial decision.**
7. **For denials of reasonable accommodation requests, if an individual wishes to file an EEO complaint, or pursue Merit Systems Protection Board procedures, s/he must take the following steps:**
- **For an EEO complaint pursuant to 29 C.F.R. part 1614, contact an EEO counselor in the Office of Equal Employment Opportunity within 45 days from the date of this notice of denial of reasonable accommodation; 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. § 1201.3**

Name of Person Denying Request

Signature of Person Denying Request

Date reasonable accommodation/PAS denied: _____

REASONABLE ACCOMMODATION/PERSONAL ASSISTANCE SERVICES (PAS) INFORMATION REPORTING FORM

Name of individual requesting reasonable accommodation/PAS:

Employee's Office or Applicant's Home Address:

1. Reasonable accommodation/PAS: (check one)

Approved

Denied (if denied, attach copy of the written denial letter/memo.)

2. Date reasonable accommodation/PAS requested: _____

Request received by: _____

3. Date reasonable accommodation/PAS request referred to RAAP: _____

If an employee, name of immediate supervisor: _____

4. Date reasonable accommodation/PAS approved or denied: _____

5. Date reasonable accommodation/PAS provided (if different from date approved): _____

6. If time frames outlined in the Reasonable Accommodation/PAS Procedures were not met, please explain why:

7. Job held or desired by individual requesting reasonable accommodation/PAS (include occupational series, grade level, and office):

8. Reasonable accommodation/PAS needed for: (check one)

- Application process
- Performing job functions or accessing the work environment
- Accessing a benefit or privilege of employment (e.g., attending a training program)

9. Type(s) of reasonable accommodation/PAS requested (e.g., adaptive equipment, removal of architectural barrier):

10. Type(s) of reasonable accommodation/PAS provided (if different from what was requested):

11. Was medical information required to process this request? If yes, explain why:

12. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations/PAS (e.g., Job Accommodation Network, disability organization, DOD Computer/Electronic Accommodations Program (CAP), or RAC):

13. Comments:

Submitted by:

Phone: _____