

Federal Mine Safety and Health Review Commission

Appendix C

RESOLUTION OF REASONABLE ACCOMMODATION REQUEST

(Must complete numbers 1-3; complete numbers 4-7 if applicable)

1. Name of individual requesting reasonable accommodation:

2. Accommodation(s) requested:

3. Accommodation(s): **Approved as specifically requested**

Date: _____

Approved but different from original request*

Date: _____

Denied

Date: _____

***If the approved accommodation is different from the one(s) originally requested, identify the alternative accommodation(s):** _____

4. If an alternative accommodation was offered, indicate whether it was :

Accepted

Rejected

5. The duration of the accommodation is: _____

6. Request denied because: (may check more than one box)

- Requester does not have a Rehabilitation Act disability
- Accommodation would be ineffective
- Accommodation would cause undue hardship
- Medical documentation inadequate
- Accommodation would require removal of essential function of the position
- Accommodation would require lowering performance or production standard
- Other (Please identify)_____

7. Detailed reason(s) for denial (Must be specific, e.g., *why* accommodation would be ineffective or cause undue hardship):

8. If the DPC offered an accommodation that is different from the one originally requested, explain: (a) the reasons for the denial of the accommodation originally requested; and (b) why the alternative accommodation would be effective.

9. An individual who disagrees with the resolution of the request may ask the Chairman to reconsider that decision within 10 business days of receiving the "Resolution" form. Note that requesting reconsideration does not extend the time limits for initiating administrative or statutory claims.

10. If an individual is dissatisfied with the resolution and wishes to pursue administrative or statutory claims, he or she must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. § 1614, contact the Commission's EEO Director within 45 days from the date of receipt of this Form or a verbal response (whichever comes first); or
- For adverse actions over which the Merit Systems Protection Board ("MSPB") has jurisdiction, initiate an appeal to the MSPB within 30 days of an appealable adverse action as defined in 5 C.F.R. § 1201.3

Disability Program Committee (All Must Sign)

Date_____

Date_____

Date_____

Date_____