



## Department of Air Force Reasonable Accommodation Request Decision Notification

Reasonable Accommodation Request  
Number

Requester

Requested Reasonable Accommodation:

Supervisor will identify decision rendered after engaging in the interactive process (as appropriate) with the requester. Supervisor will place a check in the box next to applicable decision. Requester will accept or reject the decision by initialing on the line next to applicable supervisory notice of decision identified below.

### Supervisor Notice of Decision:

☐

1. Your reasonable accommodation request has been approved with no modifications to your original request. The accommodation will be implemented no later than:

\_\_\_\_\_.

or

☐

2. An accommodation other than the one specifically requested is being offered.

The following alternative accommodation is being provided and determined to be equally effective for the following reasons:

This alternative reasonable accommodation will be implemented no later than: \_\_\_\_\_.

Requester Accepts this Decision: \_\_\_\_\_ Requester Rejects this Decision: \_\_\_\_\_  
*Initial* *Initial*

☐ 3. There is no reasonable accommodation available that will allow you to accomplish the essential functions of your job. The reason for this decision is as follows:

Identify if you would like to be considered for a reassignment or change to lower grade (CLG) by initialing next to your preference.

\_\_\_\_\_ I wish to be considered for reassignment or CLG  
Initial  
\_\_\_\_\_ I decline to be considered for reassignment or CLG  
Initial

I, \_\_\_\_\_, am willing to accept a reassignment or a change to lower grade and will consider the following (select all that apply):

- ☐ Reassignment to a position for which I am qualified in the local commuting area.
- ☐ Reassignment to a position for which I am qualified outside the local commuting area, *relocating at my own expense*. Please specify below which locations are acceptable to you.
- ☐ Change to lower grade, to a position for which I am qualified in the local commuting area.
- ☐ Change to lower grade, to a position for which I am qualified outside the local commuting area, *relocating at my own expense*. Please specify below which locations are acceptable to you.

The requester's first level supervisor is typically the decision authority for reasonable accommodation(s) requests. The deciding official must consult with the Installation Disability Program Manager and the servicing legal office when modifications or alternative accommodations which are different than the requested accommodation(s) are selected. Decision on accommodation request must be documented and filed with the original request.

_____ Supervisor/Decision Authority	_____ Date
_____ Requester	_____ Date
_____ Disability Program Manager	_____ Date

Any decision to deny a request for reasonable accommodation must first be reviewed and approved by the installation and/or organization legal office. Denial of a request for reasonable accommodation must also be approved by the Wing/Delta commander (or equivalent) or their designee at the level of O-6 or civilian equivalent. The employee must be advised of their right to file a Equal Employment Opportunity Complaint. Guidance is contained in Department of the Air Force Instruction 36-2710, *Equal Opportunity*.

_____ Servicing Legal Office (Coord on Denial)	_____ Date
_____ Wing/Delta Commander (or equivalent) or designee at O-6 or civilian equivalent (Approval of Denial Decision)	_____ Date