

**EXHIBIT 4**

**SAMPLE DECISION LETTER**

DATE: (Month, Day, Year)

MEMORANDUM FOR: (Requestor's Name)  
(Position Title)  
(Bureau/Organization)

FROM: (Supervisor/Deciding Management Official)  
(Position Title)  
(Bureau/Organization)

SUBJECT: Decision – Reasonable Accommodation Request

This is in response to your request for reasonable accommodations under the provisions of the Rehabilitation Act of 1973, as amended, and Department Administrative Order (DAO) 215-10. Your request was made to enable you to: 1) apply/interview for a job, 2) perform the essential functions of your position, or 3) access a benefit or privilege of employment.) **(Select which one(s) apply.)**

On (Date), you submitted a written request for the following accommodation(s) **(briefly describe):**

- I.E. :Parking space at HCHB or RRB because of physical limitations associated with your medical condition that prevent your use of mass/public transportation to commute to work. The use of mass/public transportation is too lengthy and is causing aggravation of your existing medical condition.
- I.E.: Flexible work schedule and flexible telework for short periods in the mornings or evenings, potentially on multiple days a week depending on symptoms, and to better management conditions when symptoms flare up.

**1. If the original request is GRANTED/APPROVED, as requested, include the following.**

Your request is approved and will begin on \_\_\_\_\_. **(Include any information about implementation of the RA that the requestor needs to know.)**

**2. If GRANTING an alternate accommodation, include the following.**

Although I am not providing the specific accommodation you requested, I am offering an alternate accommodation which I have determined to be reasonable and effective. **(Briefly describe the alternate accommodation and the reason why it was chosen instead of what was requested).**

**3. If the accommodation is DENIED, provide the following.**

Your original request was not approved because (select which one(s) apply):

- The accommodation would require removal of an essential function of the job
- You do not have a disability covered by the Rehabilitation Act
- Medical documentation provided did not support the request
- The accommodation requested would not be effective
- Accommodation would require lowering of a performance or production standard
- Accommodation would cause an undue hardship to the operation of the unit
- Allowing you to work would create a direct threat or safety issue for you and/or others

**4. Provide a detailed reason for the denial of the original request:**

**5. The following information must be included on all decisions notifications.**

Pursuant to DAO 215-10, the Department shall provide a reasonable accommodation for a qualified employee with a disability unless to do so would impose an undue hardship on the agency. A reasonable accommodation is any change in the work environment (or in the way things are usually done) to help a person with a disability apply for a job, perform the duties of a job, or enjoy equal benefits and privileges of employment. The Department is required to provide an effective accommodation that enables you to perform the essential functions of your job and enjoy the benefits and privileges of employment, but not necessarily the accommodation of your choosing. **(Include the following sentence ONLY when the accommodation has been GRANTED)**. The accommodation provided by the agency is considered to be the most effective and appropriate in consideration of your medical condition, functional limitations, the essential functions of your position, and the operational needs of the office.

If your request has been denied or you feel the accommodation provided does not meet your needs, you may request reconsideration from a higher-level management official in your official chain of command. Any request for reconsideration must be received within 15 business days from the date you receive this decision. You must follow the processes outlined in DAO 215-10, including submitting with your reconsideration request, a copy of the decision, and any additional information or arguments you wish to submit.

You also have the right to seek redress in an appropriate forum as outline below.

To initiate an EEO complaint, you must bring the matter to the attention of an EEO counselor within 45 calendar days of receipt of this decision notice. To do so, or for additional information, contact the [insert EEO Office information] or the Office of Civil Rights at 202-482-8121.

For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement. Contact your local union representative for information.

Pursuing reconsideration of a denial will not toll or extend mandatory time limits for initiating EEO complaints or other grievance procedures.

If the accommodations provided for herein are not meeting your needs, are no longer required, or additional accommodations are necessary, immediately notify me or **(insert Bureau RAC name, telephone number, and email)**. If you have any questions about this decision or the reasonable accommodation process, please do not hesitate to contact me or **(Bureau RAC name)**.

**Receipt Acknowledgment**

Please sign and date to acknowledge receipt of this memorandum.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

cc: **Name of RAC**, Reasonable Accommodation Coordinator