Date of Denial:

## FEDERAL HOUSING FINANCE AGENCY OFFICE OF INSPECTOR GENERAL

Form B



## **Denial of Reasonable Accommodation and Personal Assistance Services Form**

This form is to be used to document the denial of a reasonabl a Federal Housing Finance Agency Office of Inspector General	le accommodation or personal assistance services request from al employee or job applicant.
Date of Original Request:	Requestor's Name
Requestor's Status (check one): FHFA-OIG Employee	FHFA-OIG Applicant
Requestor's Position or Position to which applying:  (Title, Series, Grade)  Requested Accommodation or PAS:	
Accommodation or PAS would cause undue hardship to Medical documentation insufficient, incomplete, or missing	o FHFA-OIG (explain why below, under "Other" or add pages) ng (explain why below, under "Other" or add pages)
Accommodation or PAS request requires removal of an Es  Other (please explain)	ssential Function (specify which function below, under "Other")
Alternative reasonable accommodation(s) that FHFA-Ossuch alternative are as follows:	IG is willing to provide if the employee/applicant agrees to
The requesting employee or applicant may choose to add following ways:	dress the denial of an accommodation or PAS in the
• •	with the Reasonable Accommodation Coordinator within 10 -OIG Form C, Appeal of Reasonable Accommodation and
	mplaint pursuant to 29 CFR 1614, the requesting employee ervices within 45 days from the date of receipt of this form.
For adverse action over which the Merit Systems Protecti must initiate an appeal to the MSPB within 30 days of an a	ion Board (MSPB) has jurisdiction, the requesting employed appealable adverse action as defined in 5 CFR 1201.3.
Signature of Deciding Official	Date
Signature of Reasonable Accommodation Coordinator	Date