

DENIAL OF REASONABLE ACCOMMODATION REQUEST

Date:

To: (Name of the requestor)

Your request for reasonable accommodation has been denied because:

PGCPS is prepared to provide the following accommodation as an alternative to your request:

If you wish to accept this accommodation, notify the ADA Compliance Officer within ten days of the date of this notice.

PGCPS has determined that your accommodation will not permit you to perform the essential functions of your job. _____

PGCPS has determined it needs additional information from your health care provider. _____

PGCPS would suffer undue hardship by approving the accommodation. _____

Other. _____

If you wish to request reconsideration of this decision, please submit additional information to be considered and send to the ADA Compliance Officer ten days from the date of the notice.

If approved, you will be notified in writing.

If denied, you may appeal to the Chief Human Resources Officer.

Name of ADA Compliance Officer _____

Signature of ADA Compliance Officer _____

Date: _____