



Court Services and Offender Supervision Agency
Pretrial Services Agency
For the District of Columbia
Office of Human Resources
Office of Human Capital Management

OPERATIONAL INSTRUCTION

Personal Assistance Services
Number: OI-OHR-0820.2
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Overview

Introduction

On January 3, 2017, the Equal Employment Opportunity Commission (EEOC) amended the regulations implementing Section 501 of the Rehabilitation Act of 1973 (Section 501). The [Final Rule on Affirmative Action for Individuals with Disabilities in Federal Employment](#) requires federal agencies to provide *personal assistance services* as a form of affirmative action to certain employees with *targeted disabilities*, in addition to any reasonable accommodations, unless doing so would impose an undue hardship on the agency.

Policy Statement (PS) 0820, Reasonable Accommodation, provides overall guidance to ensure that the Court Services and Offender Supervision Agency (CSOSA or Agency) and the Pretrial Services Agency for the District of Columbia (PSA or Agency) (or collectively, the Agencies) fully comply with the Rehabilitation Act of 1973, as amended, and engage in affirmative action for individuals with disabilities. The Agencies do not discriminate against applicants or employees based on their need or perceived need for personal assistance services.

Continued on next page

Overview, Continued

Introduction, continued

The Agencies' procedures for processing requests for personal assistance services, determining whether such services are required, and denying such requests when the provision of the services would pose an undue hardship, are the same as for reasonable accommodation and can be found at OI-OHR-0820.1, Reasonable Accommodation Operational Instruction. The responsibilities of the requestor, receiving official (RO), reasonable accommodation coordinator (RAC), and other relevant staff during the interactive process also apply to requests for personal assistance services.

This Operational Instruction highlights information specific to personal assistance services and indicates the portions of the procedures that diverge from OI-OHR-0820.1.

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Personal Assistance Services (PAS)

What are PAS?

- PAS are services providing assistance to perform activities of daily living that an individual would typically perform independently if he/she did not have a disability. Examples of PAS include, but are not limited to, assistance with removing and putting on clothing, eating, and using the restroom.
 - PAS differ from services that help an individual perform job-related tasks, such as sign language interpreters for individuals who are deaf or readers for individuals who are blind or have learning disabilities. These services are already required as reasonable accommodations. PAS are provided in addition to any required reasonable accommodations.
 - PAS do not include services of a medical nature such as administering shots or monitoring blood pressure.
 - PAS do not include assistance with commuting to and from work.
-

Who provides PAS?

PAS are provided by a personal assistance service provider whose primary job function is the provision of PAS. Agencies may use federal employees, independent contractors, or a combination of employees and contractors. Agencies also have discretion as to how to classify their PAS providers concerning pay grade, benefits, and leave. The PAS provider can provide the services to more than one individual. If the Agency is hiring a PAS provider to assist a single individual, then the employee's preferences (e.g., because the provider has worked with him or her in the past) are considered to the extent permitted by law.

When are PAS provided?

PAS are provided to employees with targeted disabilities when needed:

- During work hours;
- During telework under CSOSA's or PSA's telework policy or telework as a reasonable accommodation;
- During job-related travel; and
- During employer-sponsored training, employer-sponsored social events, etc., to enjoy the "benefits and privileges of employment" equal to those enjoyed by similarly situated employees without disabilities.

Targeted Disabilities

What are Targeted Disabilities?

Targeted disabilities are a subset of conditions that would be considered disabilities under the Rehabilitation Act. The federal government has recognized that qualified individuals with certain disabilities face significant barriers to employment, above and beyond the barriers faced by people with a broader range of disabilities. For some people, the barriers may include a lack of access to PAS in the workplace.

Examples of Targeted Disabilities

The Office of Personnel Management's [Standard Form 256 \(SF-256\)](#), Self-Identification of Disability, identifies the following as targeted disabilities:

- Developmental disabilities, for example, cerebral palsy or autism spectrum disorder;
- Traumatic brain injuries;
- Deafness or serious difficulty hearing, benefiting from, for example, American Sign Language;
- Blindness or serious difficulty seeing even when wearing glasses;
- Missing extremities (arm, leg, hand and/or foot);
- Significant mobility impairments, benefitting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports;
- Partial or complete paralysis (any cause);
- Epilepsy and other seizure disorders;
- Intellectual disabilities (formerly described as mental retardation);
- Significant psychiatric disorders (e.g., bipolar disorder, schizophrenia, PTSD, or major depression);
- Dwarfism; and
- Significant disfigurement (e.g., disfigurements caused by burns, wounds, accidents, or congenital disorders).

Note: Not everyone with a targeted disability is entitled to PAS under the new regulations. Only some individuals with targeted disabilities require assistance with activities of daily living like eating and using the restroom. Medical conditions that are more likely to result in the need for PAS include, for example, missing limbs or paralysis due to spinal cord injury.

Eligibility and Restrictions

- Who is eligible?** To be eligible for PAS, the requestor must meet the following requirements:
- The individual is an employee of CSOSA or PSA;
 - The individual has a targeted disability;
 - The individual requires the services because of his/her targeted disability;
 - The individual is able to perform the essential functions of the job, without posing a direct threat to safety (i.e. significant risk of substantial harm to the health or safety of the individual or others), once PAS and any required reasonable accommodations have been provided; and
 - Providing PAS does not impose an undue hardship on CSOSA or PSA.

Note: Applicants for positions at CSOSA or PSA are not eligible for PAS.

Appendix A: Resources

Resources

- [Questions & Answers: The EEOC's Final Rule on Affirmative Action for People with Disabilities in Federal Employment](#)
 - [Questions & Answers: Federal Agencies' Obligation to Provide Personal Assistance Services Under Section 501 of the Rehabilitation Act](#)
 - [EEOC: Procedures for Providing Personal Assistance Services for Individuals with Disabilities](#)
-

Appendix B: Request Form



CSOSA



PSA

Reasonable Accommodation & Personal Assistance Services Request Form

To be completed by applicant, employee, or designee

If you are a management official who receives an oral request, please complete the blue shaded sections and the "Acknowledgement" on page 2.

This Request is for: ☐ Reasonable Accommodation ☐ Personal Assistance Services ☐ Reconsideration

1. Employee / Applicant name (Last, First, MI):

2. Org/Branch:

3. Occupational Series:

4. Grade:

5. Mailing Address (include city, state, zip)

6. Phone:

7. Email address:

8. Describe the requested accommodation or, if you are unsure of the specific accommodation you need, describe your suggestions, if any (please use page 2 if you need additional space):

8(a): Is your accommodation request time sensitive? Yes ☐ No ☐

If yes, please explain:

9. Briefly describe the disability/medical condition requiring accommodation:

10. Identify the appropriate box below (may select more than one box) and explain how the reasonable accommodation will assist the applicant/employee in:

a. Performing Essential Job Functions or Accessing the Work Environment ☐

b. Accessing a Benefit or Privilege of Employment (e.g., attending training program or social event) ☐

c. Application Process ☐

Explanation:

11. Give approximate date medical condition began to affect the performance of your duties, attendance or conduct and the expected duration (month/year to month/year): _____ to _____

12. Have you ever requested a previous accommodation for this limitation? If so, when and what?

NOTE: Medical documentation may be needed to substantiate the disability or reasonable accommodation. The medical documentation form can be found at "Medical Documentation Form".

I affirm that all statement made above are true to the best of my knowledge and belief.

Signature of Applicant / Employee / Designee:

Date:

Space Reserved for Agency Use

Email Form

OHR Form 701(a) - 2020

Continued on next page

Appendix B: Request Form, Continued**CSOSA****PSA**

Please use this space to provide any additional information/comments that might be useful in processing your accommodation request, or to add information that could not be contained within the boxes on page 1.

Acknowledgement of receipt of Reasonable Accommodation Request

I am the Receiving Official (RO) for this request.

My Name Is: _____ Date of Request _____

My Phone Number Is: _____ My Email Is: _____

NEXT STEP

The Reasonable Accommodation Coordinator (RAC) will acknowledge your request and normally contact you within 5 business days. If you have any questions, please contact the RAC at the phone number or email address provided below.



Name of RAC: _____ RAC Phone Number: _____

Email Address of RAC: _____

Email Form

Space Reserved for Agency Use



Appendix C: Medical Form

	
<h3>MEDICAL DOCUMENTATION FORM</h3> <p><i>To be completed by a Health Care Professional.</i></p>	
Name of Applicant/Employee (<i>Last, First, MI</i>): 	
<p style="text-align: center;">Instructions</p> <p>We have received a request to consider a reasonable accommodation under the Americans with Disabilities Act (ADA), amended, for the individual named above. An accommodation is a logical adjustment made to a job and/or the work environment that enables a qualified employee/ applicant with a disability to successfully perform the essential duties or functions of the position. We request that you provide medical information which reflects:</p> <ul style="list-style-type: none"> That the individual has one or more physical or mental impairment(s) that substantially limits(s) one or more of his/her major life activities (e.g., walking, speaking, breathing, hearing, seeing, thinking, sitting, standing, reaching, interacting with others, learning, performing manual tasks, caring for oneself, concentrating, lifting, working, sleeping). There is a relationship between the substantially limiting medical conditions(s) and the requested accommodation. 	
IMPAIRMENT	<p>Does the employee have a physical or mental impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe the nature, severity, and duration of the physical or mental impairment. This information should be provided with enough detail to permit a reasonable analysis.</p> <div style="background-color: #e6f2ff; height: 60px; margin-top: 5px;"></div>
<p><u>NOTE:</u> Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no <i>mitigating measures</i> (see definition at bottom of page) were used.</p>	
IMPACT ON LIFE ACTIVITIES	<p>Does the impairment substantially limit a major life activity as compared to most people in the general population? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures <u>do not include</u> ordinary eyeglasses or contact lenses.</i></p>

Appendix C: Medical Form, Continued

CSOSA PSA				
IMPACT ON LIFE ACTIVITIES (contd.)	<p><i>If you checked yes in both boxes on page 1, please check which major life activity(s) (includes major bodily functions) is/are affected below:</i></p> <p>Major Life Activity(s): (check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Bending <input type="checkbox"/> Breathing <input type="checkbox"/> Caring for self <input type="checkbox"/> Concentrating <input type="checkbox"/> Eating <input type="checkbox"/> Hearing <input type="checkbox"/> Interacting With Others </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Learning <input type="checkbox"/> Lifting <input type="checkbox"/> Performing Manual Tasks <input type="checkbox"/> Reaching <input type="checkbox"/> Reading <input type="checkbox"/> Seeing <input type="checkbox"/> Sitting </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Sleeping <input type="checkbox"/> Speaking <input type="checkbox"/> Standing <input type="checkbox"/> Thinking <input type="checkbox"/> Walking <input type="checkbox"/> Working <input type="checkbox"/> Other: (describe) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div> </td> </tr> </table>	<input type="checkbox"/> Bending <input type="checkbox"/> Breathing <input type="checkbox"/> Caring for self <input type="checkbox"/> Concentrating <input type="checkbox"/> Eating <input type="checkbox"/> Hearing <input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Learning <input type="checkbox"/> Lifting <input type="checkbox"/> Performing Manual Tasks <input type="checkbox"/> Reaching <input type="checkbox"/> Reading <input type="checkbox"/> Seeing <input type="checkbox"/> Sitting	<input type="checkbox"/> Sleeping <input type="checkbox"/> Speaking <input type="checkbox"/> Standing <input type="checkbox"/> Thinking <input type="checkbox"/> Walking <input type="checkbox"/> Working <input type="checkbox"/> Other: (describe) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Bending <input type="checkbox"/> Breathing <input type="checkbox"/> Caring for self <input type="checkbox"/> Concentrating <input type="checkbox"/> Eating <input type="checkbox"/> Hearing <input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Learning <input type="checkbox"/> Lifting <input type="checkbox"/> Performing Manual Tasks <input type="checkbox"/> Reaching <input type="checkbox"/> Reading <input type="checkbox"/> Seeing <input type="checkbox"/> Sitting	<input type="checkbox"/> Sleeping <input type="checkbox"/> Speaking <input type="checkbox"/> Standing <input type="checkbox"/> Thinking <input type="checkbox"/> Walking <input type="checkbox"/> Working <input type="checkbox"/> Other: (describe) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		
FUNCTIONS AFFECTED	<p>Major Bodily Function(s) affected: (check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Bladder <input type="checkbox"/> Bowel <input type="checkbox"/> Brain <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Circulatory <input type="checkbox"/> Digestive <input type="checkbox"/> Endocrine </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Genitourinary <input type="checkbox"/> Hemic <input type="checkbox"/> Immune <input type="checkbox"/> Lymphatic <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Normal Cell Growth </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Operation of an Organ <input type="checkbox"/> Reproductive <input type="checkbox"/> Respiratory <input type="checkbox"/> Special Sense Organs & Skin <input type="checkbox"/> Other: (describe) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div> </td> </tr> </table>	<input type="checkbox"/> Bladder <input type="checkbox"/> Bowel <input type="checkbox"/> Brain <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Circulatory <input type="checkbox"/> Digestive <input type="checkbox"/> Endocrine	<input type="checkbox"/> Genitourinary <input type="checkbox"/> Hemic <input type="checkbox"/> Immune <input type="checkbox"/> Lymphatic <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Operation of an Organ <input type="checkbox"/> Reproductive <input type="checkbox"/> Respiratory <input type="checkbox"/> Special Sense Organs & Skin <input type="checkbox"/> Other: (describe) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Bladder <input type="checkbox"/> Bowel <input type="checkbox"/> Brain <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Circulatory <input type="checkbox"/> Digestive <input type="checkbox"/> Endocrine	<input type="checkbox"/> Genitourinary <input type="checkbox"/> Hemic <input type="checkbox"/> Immune <input type="checkbox"/> Lymphatic <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Operation of an Organ <input type="checkbox"/> Reproductive <input type="checkbox"/> Respiratory <input type="checkbox"/> Special Sense Organs & Skin <input type="checkbox"/> Other: (describe) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		
<p>NOTE: For the below questions, a copy of the appropriate job description is attached to assist in your analysis.</p>				
IMPACT ON JOB PERFORMANCE	<p>Describe the extent to which the impairment interferes with job performance AND/OR prohibits access to a benefit of employment. Please indicate which job function(s) or benefits of employment the employee is having trouble performing or accessing because of the limitations(s).</p> <div style="background-color: #e0e0ff; height: 150px; width: 100%;"></div>			

Appendix C: Medical Form, Continued

 CSOSA		 PSA	
REASONABLE ACCOMMODATION	What reasonable accommodation will assist the employee in performing the essential functions of their position? Explain why the employee requires the particular reasonable accommodation requested.		
	If applicable: Do you have any suggestions regarding <i>other</i> possible accommodations or accommodations the employee has previously been provided for this impairment? If so, what are they, and why would they be effective?		
Certification			
Health Care Professional (<i>Last, First, MI</i>)			
Office Address		Office Telephone Number	
		Email address	
Signature		Date	
<small>Revised CSOSA/PSA EEO Form 701 (2020)</small>			

Privacy Act Statement

Collection of the requested information is authorized by Section 501 of the Rehabilitation Act, 29 U.S.C. § 791. The information you furnish will be used for the purpose of facilitating your request. Additionally, the information may be used to disclose information to: appropriate Federal, state or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions when necessary to adjudicate a claim for benefits; a Federal agency in connection with a decision in hiring, retention or the granting of a security clearance. It may also be used in an administrative or judicial proceeding affecting an employee's personnel rights and in any criminal prosecutions for willfully making false or fraudulent statements in violation of U.S.C. § 1001. Failure to fully complete the form or refusal to provide the requested documentation may lead to a breakdown in the reasonable accommodation process and could result in a determination the employee is not entitled to reasonable accommodation.

Genetic Information Nondiscrimination Act Statement

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Appendix D: Approval Decision Form





CSOSA



PSA

CSOSA/PSA REASONABLE ACCOMMODATION DECISION FORM - APPROVAL

Employee Name:		Date of Approval:	
Accommodation(s) Approved:			
If different from the accommodation requested, an explanation of the reasons the above accommodation was chosen and will be effective:			
STEPS NEEDED TO IMPLEMENT			
Does equipment need to be ordered?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who will do it?			
Will training be required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who will do the training?			
Who needs to be notified of the accommodation?			
What other steps need to be taken?			
TIMEFRAMES			
What is the anticipated date for the accommodation to be fully implemented?			
If maintenance is needed, when will it be done?			
Is the accommodation being provided on an interim basis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when will the interim period end?			
Comments:			
SIGNATURES			
Employer Representative:		Date:	
			
Employee:		Date:	
<input type="checkbox"/> I accept this accommodation. <input type="checkbox"/> I decline this accommodation.*			
			

*If declined, please provide an explanation to the RAC. Additionally, please see the next page for avenues of redress.

Email Form

800 N. CAPITOL ST., NW, SUITE 701, WASHINGTON, DC 20002 | P (202) 220-5601 | F (202) 220-5615

Continued on next page

Appendix D: Approval Decision Form, Continued

If the approved accommodation(s) is/are different than what was requested, you may: 1) be eligible to pursue reconsideration, 2) seek remedy through Alternative Dispute Resolution, or 3) be eligible to file a complaint/appeal. Information on the appropriate avenues is provided below:

RECONSIDERATION PROCESS:

The Agency will consider a reconsideration request ONLY under the following circumstances:

- Requestor has additional medical information;
- Requestor experiences increase in range and severity of symptoms and has corroborating medical information.

If an individual meets the above criteria and wishes to request reconsideration of this decision, s/he may:

- Submit a written reconsideration request directly to the Reasonable Accommodation Coordinator (RAC) within ten (10) business days of receiving this decision.
- Present additional information in support of the reconsideration request.
- If additional medical information (e.g., new or more detailed) is provided, the RAC will initiate an interactive process to discuss an effective accommodation.
- The Agency provides a final decision within fifteen (15) business days of receipt of a request for reconsideration.

ALTERNATIVE DISPUTE RESOLUTION:

Alternative Dispute Resolution (ADR) provides a non-adversarial, confidential method for resolving workplace disputes. If ADR is requested, the Agency, as a general rule, participates in the process. Participating in ADR is voluntary and is in addition to the requestor's right to formal remedies: statutory claims and any applicable negotiated grievance procedures. Please contact ADR to initiate this process.

Note: Participating in ADR does not satisfy the requirements for, extend, or otherwise affect the time limits for initiating statutory claims or any applicable negotiated grievance procedures.

COMPLAINT/GRIEVANCE/APPEAL PROCESS:

If a federal applicant or employee wishes to file an Equal Employment Opportunity (EEO) complaint, or pursue Merit System Protection Board (MSPB) and union grievance procedures, s/he must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. § 1614, contact the Office of Equal Employment Opportunity, Diversity, and Special Programs *within 45 days from the date of this notice*; or
- If applicable, for a collective bargaining claim, file a written grievance in accordance with the respective provisions of the collective bargaining agreement; or
- Initiate an appeal to the MSPB *within 30 days of an appealable adverse action as defined in 5 C.F.R. § 1201.3.*

Appendix E: PAS Denial Decision Form



CSOSA



PSA

PERSONAL ASSISTANCE SERVICES DECISION FORM - DENIAL

Employee Name:	Date of Denial:
Personal Assistance Service(s) (PAS) Denied:	
REASON(S) FOR DENIAL (may check more than one box)	
<input type="checkbox"/> Requestor is not an employee of CSOSA or PSA	
<input type="checkbox"/> Requestor does not have a targeted disability	
<input type="checkbox"/> Targeted disability does not create a need for PAS	
<input type="checkbox"/> Requestor is not able to perform the essential functions of the job, even with PAS and/or reasonable accommodations.	
<input type="checkbox"/> Requestor would present a direct threat to safety on the job, even with PAS and/or any reasonable accommodations.	
<input type="checkbox"/> Providing PAS would pose an undue hardship	
<input type="checkbox"/> Medical Documentation Inadequate	
<input type="checkbox"/> Declined alternative PAS offered by the Agency	
<input type="checkbox"/> Other:	
DETAILED REASON(S) FOR THE DENIAL OF PAS:	
NEXT STEPS	
<input type="checkbox"/> Provide Additional Medical Information	<input type="checkbox"/> Other:
SIGNATURES	
Employer Representative:	Date:
Employee:	Date:
<i>Note: If you wish to clarify any information that may have led to this decision, please contact the RAC.</i>	

Appendix E: PAS Denial Decision Form, Continued

Based on this decision, you may: 1) be eligible to pursue reconsideration, 2) seek remedy through Alternative Dispute Resolution, or 3) be eligible to file a complaint/appeal. Information on the appropriate avenues is provided below:

RECONSIDERATION:

The Agency will consider a reconsideration request ONLY under the following circumstances:

- Requestor has additional medical information;
- Requestor experiences increase in range and severity of symptoms and has corroborating medical information.

If an individual meets the above criteria and wishes to request reconsideration of this decision, s/he may:

- Submit a written reconsideration request directly to the Reasonable Accommodation Coordinator (RAC) within ten (10) business days of receiving this decision.
- Present additional information in support of the reconsideration request.
- If additional medical information (e.g., new or more detailed) is provided, the RAC will initiate an interactive process to discuss an effective accommodation.
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ALTERNATIVE DISPUTE RESOLUTION:

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COMPLAINT/GRIEVANCE/Appeal PROCESS:

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- For an EEO complaint pursuant to 29 C.F.R. § 1614, contact the Office of Equal Employment Opportunity, Diversity, and Special Programs *within 45 days from the date of this notice of denial of reasonable accommodation*; or
- If applicable, for a collective bargaining claim, file a written grievance in accordance with the respective provisions of the collective bargaining agreement; or
- Initiate an appeal to the Merit Systems Protection Board *within 30 days of an appealable adverse action* as defined in 5 C.F.R. § 1201.3.

Email Form