

Privacy Act Statement
For
Request for Reasonable Accommodation

12 U.S.C. § 1819 and 12 C.F.R. Part 352 authorize the collection of this information. SBA personnel will use the information requested on this form to process and keep a record of your request for reasonable accommodation. The information on this form may be disclosed: to appropriate Federal, state, or local agencies when required by law; to a court, magistrate or administrative tribunal when the information is relevant and necessary to civil, criminal or regulatory investigations or prosecutions; or to the Equal Employment Opportunity Commission when necessary to adjudicate a claim if your accommodation request is denied. Completing this form is voluntary. If you do not, however, provide accurate and complete information, the SBA will not be able to process your request.

INSTRUCTIONS FOR COMPLETING
REQUEST FOR REASONABLE ACCOMMODATION

1. The individual requesting a reasonable accommodation may request assistance in completing Section I of this form from his/her first-line supervisor or from the Disability Employment Program Manager.
2. When medical documentation is requested, attach the documentation to this form (A qualified medical professional appointed by the Agency may review the medical documentation). Failure to provide the requested medical information may result in the denial of a reasonable accommodation.
3. The individual requesting the reasonable accommodation must cooperate in obtaining any additional or clarifying information requested by the Deciding Official (**See Chapter 7, subparagraph 1.1.** for the definition of the term Deciding Official).
4. Submit form to the Deciding Official.
5. In the event the request for reasonable accommodation is denied, the individual requesting reasonable accommodation may:
 - (a) Submit a request for reconsideration of the denial to the Reviewing Official, with a copy of the denial to the Disability Employment Program Manager, within fifteen (15) calendar days of receipt of the denial (**See subparagraph 1.n.** or the definition of the term Reviewing Official);
 - (b) Initiate an Equal Employment Opportunity (EEO) complaint by contacting an EEO Counselor within forty-five (45) calendar days of receipt of the denial;
 - (c) File a grievance with the Office of Human Resource Solutions, Labor and Employee Relations Section (LERS), within fifteen (15) calendar days of the initial denial;
 - (d) File a Union grievance (if a bargaining unit employee) with AFGE under the collective bargaining agreement within twenty (20) business days of the initial denial, or may initiate an EEO Complaint, but not both.

Note: The filing of a request for reconsideration does not extend the time for filing either an EEO complaint or a grievance with AFGE.

This form is for record keeping purposes. The Disability Employment Program Manager shall maintain custody and confidentiality of all records relating to requests for reasonable accommodation upon completion of processing.

SBA Form 2431 (12-12)

Small Business Administration
REQUEST FOR REASONABLE ACCOMMODATION

SECTION I – INFORMATION **EMPLOYEE** **APPLICANT**

1. NAME	2. TELEPHONE NUMBER () -	3. REQUEST DATE
4. DIVISION/OFFICE	5. LOCATION	6. CURRENT DATE
7. JOB RELATED ACCOMMODATION REQUESTED		

SECTION II – DECIDING OFFICIAL INFORMATION

8. NAME AND TITLE OF DECIDING OFFICIAL	9. TELEPHONE NUMBER () -	10. ACTION DATE
11. ACCOMMODATION ACTION REQUESTED IS <i>(Check one)</i> <input type="checkbox"/> APPROVED AS REQUESTED <input type="checkbox"/> APPROVED AS MODIFIED* <input type="checkbox"/> DENIED	12. *IF MODIFIED, GIVE REASON(S) FOR MODIFICATION	
13. REASON(S) FOR DENIAL		

SECTION III – REVIEWING OFFICIAL INFORMATION *(Applicable only if reconsideration of denial is requested)*

14. NAME AND TITLE OF REVIEWING OFFICIAL	15. TELEPHONE NUMBER () -	16. ACTION DATE
17. RECONSIDERATION ACTION AFTER REVIEW <i>(Check one)</i> <input type="checkbox"/> ACCOMMODATION IS APPROVED <input type="checkbox"/> ACCOMMODATION IS DENIED	18. REASON(S) FOR DENIAL AFTER THE RECONSIDERATION	

SECTION IV – TO BE COMPLETED BY THE IMPLEMENTING OFFICE

19. DETAILED ACTION TAKEN *(Specify Action and Expected Completion Date)*

20. NAME AND TITLE OF IMPLEMENTING OFFICIAL	21. TELEPHONE NUMBER () -	22. DATE RECEIVED
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SECTION V – FOR USE BY OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS COMPLIANCE

COMMENTS

23. NAME AND SIGNATURE OF DISABILITY EMPLOYMENT PROGRAM MANAGER	24. DATE EEO&CRC RECEIVED
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