

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
**REASONABLE ACCOMMODATION DECISION OR PERSONAL ASSISTANCE SERVICE
DECISION AND REPORTING FORM**

1. EMPLOYEE/APPLICANT NAME		2. OFFICE LOCATION AND ADDRESS									
3. TITLE, OCCUPATIONAL SERIES AND GRADE		4. TELEPHONE NUMBER									
5. DECISION MAKER'S NAME		6. DECISION MAKER'S TELEPHONE NUMBER									
7. DATE OF REQUEST	8. REQUEST										
9. EMPLOYEE/APPLICANT REASON(S) FOR REQUEST											
10. MEDICAL DOCUMENTATION REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO											
11. DATE MEDICAL DOCUMENTATION REQUESTED		12. DATE MEDICAL DOCUMENTATION RECEIVED									
13. RESOURCES AVAILABLE FOR CONSULTATION <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Job Accommodation Network askjan.org </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Human Resources/Employee Relations </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Computer/Electronics Accommodations Program www.cap.mil </td> <td style="vertical-align: top;"> <input type="checkbox"/> Civil Rights Service Provider </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Department of Transportation Disability Resource Center https://www.transportation.gov/drc </td> <td style="vertical-align: top;"> <input type="checkbox"/> USPHS Physician </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Other _____ </td> <td style="vertical-align: top;"> <input type="checkbox"/> Rehabilitation Counselor </td> </tr> </table>				<input type="checkbox"/> Job Accommodation Network askjan.org	<input type="checkbox"/> Human Resources/Employee Relations	<input type="checkbox"/> Computer/Electronics Accommodations Program www.cap.mil	<input type="checkbox"/> Civil Rights Service Provider	<input type="checkbox"/> Department of Transportation Disability Resource Center https://www.transportation.gov/drc	<input type="checkbox"/> USPHS Physician	<input type="checkbox"/> Other _____	<input type="checkbox"/> Rehabilitation Counselor
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<input type="checkbox"/> Other _____	<input type="checkbox"/> Rehabilitation Counselor										
APPROVAL <i>(An approval is when the requestor's original request has been granted in full)</i>											
14. DESCRIPTION OF WHAT WAS APPROVED											
15. DECISION MAKER'S NAME <i>(Last, First, Middle Initial)</i>		16. ORGANIZATION/OFFICE LOCATION									
17. APPROVAL SIGNATURE			18. APPROVAL DATE								
19. COST	20. PROCUREMENT REQUEST NUMBER <i>(Use the correct accommodation object class code)</i>	21. DATE PROCUREMENT BEGAN	22. DATE PROCURED								

DENIAL (A denial is when any of the requestor's original request has not been granted)

22. REASON FOR DENIAL

23. ALTERNATE OFFERED

24. ALTERNATE PROVIDED (If the alternate must be procured, please use boxes 19-22, above)

25. DECISION MAKER'S NAME (Last, First, Middle Initial)

26. ORGANIZATION/OFFICE LOCATION

27. DECISION MAKER'S SIGNATURE

28. DENIAL DATE

If an individual wishes to request reconsideration of this decision, s/he may take the following steps:

- ask the decision maker, in writing within five (5) business days of receiving the decision to deny, to reconsider the denial and provide additional supporting information;
- if the decision maker does not reverse the decision within five (5) business days, the individual may appeal the decision, in writing, to the PWDP Manager within ten (10) business days of receiving the decision. The appeal shall be decided by the PWDP Manager. A response to the appeal will be issued to the individual within ten (10) business days.

If an individual wishes to file an EEO complaint, or pursue Merit Systems Protection Board (MSPB) and union grievance procedures if applicable, s/he must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. § 1614, contact an EEO counselor **within 45 days from the date of this notice of denial of reasonable accommodation**; or
- For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement, or Administrative grievance procedure as appropriate; 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; or
- Utilize the Alternative Dispute Resolution (ADR) process.

PRIVACY ACT NOTICE

Authority: The Rehabilitation Act of 1973, as amended, 29 U.S.C. 791; Executive Order 13164, dated July 26 2000, Section 1(b)(9); and Equal Employment Opportunity Commission's Policy Guidance on Executive Order 13164; Establishing Procedures to Facilitate the Provision of Reasonable Accommodation, Directives Transmittal Number 915.003, October 20, 2000.

Purpose: The United States Coast Guard will use this information solely to record and track requests for reasonable accommodation or personal assistance service by individuals with disabilities, their provision, and the disposition of such requests.

Routine Uses: The information will be used by and disclosed to Coast Guard personnel or other agents who need the information to assist in activities related to the provision of reasonable accommodations. Additionally, the Coast Guard may share the information pursuant to its published Privacy Act System of Records Notice.

Disclosure: The provision of information for Form CG-6079 is voluntary; however, if you do not provide this information, the Coast Guard may be delayed in completing the processing of your request. Forms CG-6080 and CG_6081 are mandatory for Decision Makers.