

Appendix B:
Final Determination on Request for Disability Accommodation

District of Columbia
Last Revised: July 2021
Equal Opportunity Employer/Program.
Auxiliary aids and services are available upon request to individuals with disabilities.

NAME OF REQUESTOR

AND

REQUESTOR'S REPRESENTATIVE, IF ANY.

**FINAL DETERMINATION ON REQUEST FOR
DISABILITY ACCOMMODATION**

On [REDACTED], I received disability accommodation request from you for access to, and an opportunity to participate in, programs and activities governed by the nondiscrimination provisions of Section 188 of the Workforce Innovation and Opportunity Act (WIOA) and its implementing regulations at 29 C.F.R. Part 38. Specifically, you request disability-based accommodation.

You identify the nature of your limitation, medical condition, or disability as [REDACTED].

You describe how this impedes your ability to access, or participate in [REDACTED].

You request the following accommodation: [REDACTED].

Factors considered by me in rendering a determination on your accommodation request included the following:

- the nature of the limitation(s), medical condition, or disability at issue and whether it meets the definition of “disability” (*i.e.*, substantially limits one or more major life activities)
- how the limitation, condition, or disability impairs the customer’s access to, or participation in, the program or activity at issue
- how the requested accommodation/modification, or any alternative accommodation/modification, would allow the customer access to, and/or to participate in, the program or activity
- whether the customer meets the essential eligibility requirements for the service, aid, training, or benefit at issue even without accommodation/modification
- whether an accommodation/modification is necessary to enable the customer access to, or participation in, the program or activity

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- whether the requested accommodation/modification is reasonably designed to help the customer have access to, or participate in, the program or activity
- whether an accommodation/modification would impose an “undue hardship”
- whether any alternative accommodations/modifications would help the customer have access to, or participate in, the program or activity

After discussion with you and/or your representative, and based on my consideration of the foregoing factors, I conclude:

█ The request is GRANTED, and it is estimated the accommodation will be implemented on or before █.

█ An alternative accommodation was offered to, and accepted by, you and is as follows: █. It is estimated the alternative accommodation will be implemented on or before █.

█ The requested accommodation is DENIED, and an alternative is not available. I considered all information submitted in rendering this decision, including the above-referenced factors as follows: █

█ The requested accommodation is DENIED, and an alternative accommodation was offered to, and rejected by, you. I considered all information submitted in rendering this decision, including the above-referenced factors as follows: █

Name:

Date Issued: █

NOTICE OF RIGHT TO FILE COMPLAINT: If you are dissatisfied with this Notice of Final Action, you may file a complaint with the Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. The complaint must be filed within 30 days of the date on which you received this Notice of Final Action.

BABEL NOTICE (29 C.F.R. § 38.9(g)(3)): This document contains vital information. If English is not your preferred language, contact [insert EO Officer’s name and contact information] to obtain translation and/or interpretation services for the content of this document.

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NOTICE OF RIGHT TO AUXILIARY AIDS AND SERVICES: Auxiliary aids and services shall be provided on request by individuals with disabilities. To request auxiliary aids or services, contact **[insert EO Officer's name and contact information]**.

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