

**REASONABLE ACCOMODATION - AGENCY RESPONSE FORM**

Applicant/Employee:	Employee ID #:
Hiring Authority/Supervisor:	Phone #:
Department:	Division/Section:

Date accommodation requested: \_\_\_\_\_

Your accommodation request has been:

Your request for an accommodation has been approved. Your hiring authority/supervisor has been notified of the accommodation and of any safety or health emergencies that might occur.  
Accommodation provided:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This accommodation will be in place:

permanently  
 until \_\_\_\_\_. Should you believe you need an extension of this accommodation, please inform your hiring authority/supervisor or personnel staff so that the ADA accommodation process can re-commence.

Your request for an accommodation has been denied because:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you would like to request reconsideration of this decision, the following step(s) may be taken:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Personnel Liaison or Appointing Authority

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant/Employee

\_\_\_\_\_  
 Date