



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF HUMAN RESOURCE MANAGEMENT**



**REASONABLE ACCOMMODATION-AGENCY RESPONSE FORM**

Applicant/Employee: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Hiring Authority/Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department: \_\_\_\_\_ Division/Section: \_\_\_\_\_

Date Accommodation Requested: \_\_\_\_\_

Your Accommodation Request 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 human resources staff so that the ADA accommodation process can re-commence.

☐ 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