

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