

Reasonable Accommodation Record of Action

Date _____

Check one:

- Employee
- Applicant

Name _____ Phone _____

Payroll title _____

Department _____

Supervisor name _____ Phone _____

1. Date reasonable accommodation was requested _____

2. Who requested the accommodation? _____

3. Date medical documentation was received _____

4. Accommodation requested:

5. Status of request (check one):

Accommodation granted. Cost: \$ _____

Accommodation denied. Reason: _____

Employee signature _____ date

Supervisor signature _____ date

Copies: Employee
Departmental File