**Reasonable Accommodation Approval Form**

Sample

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation(s) Approved:

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

**STEPS NEEDED TO IMPLEMENT:**

Does equipment need to be ordered or a service purchased? Yes \_\_ No \_\_

Type of equipment: Who will purchase:

Does training need to be provided? Yes \_\_ No \_\_

What type: Who will arrange:

Who needs to be notified of the accommodation in order to make adjustments?

Name: Who is responsible for notifying?

**TIMEFRAME:**

When will the accommodation be fully implemented? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If review is needed, when will it be done? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the accommodation being provided on a trial basis? Yes \_\_ No \_\_

If yes, when will the trial period end? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS:**

**SIGNATURES:**

Employer Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_