

## University of Houston-Victoria Workplace Accommodation Response Form

Employee Name \_\_\_\_\_

Job Title: \_\_\_\_\_

The employee's request for an accommodation, and all supporting documentation, has been thoroughly reviewed by the ADA Coordinator (Director HR/EO), the requesting employee's supervisor and the employee. Based on that review, the request for accommodation has been:

<b>APPROVED</b> <input type="checkbox"/> <input type="checkbox"/>	<b>APPROVED IN PART</b> <input type="checkbox"/>	<b>DENIED, ALTERNATIVE WORKPLACE ACCOMMODATION OFFERED</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>DENIED</b> <input type="checkbox"/>
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If approved, approved in part or an alternative workplace accommodation has been offered, the accommodation will consist of the following: *(attach additional sheet, if necessary)*

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The requesting employee has been informed by the ADA Coordinator that the employee's job will be performed within the following medical restrictions, if any:

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- The requesting employee has been informed that, due to possible future business necessity, the essential functions of the employee's position may change necessitating a reevaluation of an accommodation.
- The requesting employee has been informed that a change in the employee's medical condition may necessitate re-evaluation of an accommodation.
- The requesting employee has been informed that he/she is subject to all University of Houston-Victoria rules, regulations, and policies applicable to employment.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee Supervisor \_\_\_\_\_

Date \_\_\_\_\_

ADA Coordinator \_\_\_\_\_

Date \_\_\_\_\_