



Reasonable Accommodations Determination Form

Date Received:

Requesting Employee/Applicant's Name:

Requesting Employee's Division and
Office Location:

Requesting Employee's Classification:

Assigned Human Resources Business Partner:

Interactive Process

- Meeting between employee/applicant and designated Human Resources Business Partner to discuss precise job-related limitation(s) or safety concerns and how they can be overcome through a reasonable accommodation.

Date(s):

Notes:

- Meeting between employee's manager or applicant's hiring manager and designated Human Resources Business Partner to review essential functions.

Date(s):

Notes:

- Request information from medical practitioner(s) to clarify limitations and accommodation options as applicable.

Date(s):

Notes:

Discussion between employee/applicant and designated Human Resources Business Partner regarding which of the accommodation options are reasonable and do not create an undue hardship.

Date(s):

Notes:

If the accommodation(s) are deemed reasonable, consider the preference of the requesting employee and select and implement the accommodation that is most appropriate for both the employee or applicant and the employer.

Section 5: Determination

To be completed by the Human Resources Director or their designee

1. The request for accommodation(s) is: Approved Denied Other

2. If approved, describe the accommodation(s):

THIS IS A CONFIDENTIAL RECORD. DO NOT PLACE IN THE EMPLOYEE'S PERSONNEL FILE.

3. If denied, state the justification for denial(s):

Name of Human Resources Director or their designee:

Date:

Work Phone Number:

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