



**HUMAN RESOURCES DEPARTMENT**  
**Reasonable Accommodation Review Form**

**Instructions:** Once a reasonable accommodation has been granted, the manager/supervisor must fill out this form within **30 days**. Use this form to record any changes to the accommodation. Forward a copy of this form to the **Human Resources Director**.

**Person Requesting Accommodation**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Department \_\_\_\_\_ Work #: \_\_\_\_\_

**Manager/Supervisor\***

Name \_\_\_\_\_ Title \_\_\_\_\_  
Department \_\_\_\_\_ Work # \_\_\_\_\_

**Accommodation Review Details (To be completed by manager/supervisor)**

**Please Check One:**

- Accommodation provided is effective
- Accommodation provided is no longer effective

**Please explain any necessary updates or changes:**

**List departments consulted regarding updates/changes:**

\_\_\_\_\_  
**Supervisor/Manager's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Human Resources Representative's Signature**

\_\_\_\_\_  
**Date**

**Requestor's Certification** - A representative of my employer has explained its policy regarding reasonable accommodations and described the conditions under which my employer may disclose the information provided on this form. I understand that my employer may deny a request for an accommodation if the accommodation is unreasonable or imposes an undue hardship. I understand that my employer may choose among reasonable accommodations as long as the chosen accommodation is effective. I have been given an opportunity to suggest accommodations.

\_\_\_\_\_  
**Requestor's Signature**

\_\_\_\_\_  
**Date**