

ACCOMMODATION APPROVAL FORM

| | | |
|---|------------------------------|-----------------------------|
| Employee Name: | Date of Approval: | |
| Accommodation(s) Approved: | | |
| | | |
| STEPS NEEDED TO IMPLEMENT | | |
| Does equipment need to be ordered or a service purchased? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, who will do it? | | |
| Will training be required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, who will do the training? | | |
| Who needs to be notified of the accommodation? | | |
| What other steps need to be taken? | | |
| | | |
| TIMEFRAMES | | |
| When will the accommodation be fully implemented? | Date: | |
| If maintenance is needed, when will it be done? | Date: | |
| Is the accommodation being provided on a trial basis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, when will the trial period end? | Date: | |
| Comments: | | |
| SIGNATURES | | |
| Employer Representative: | Date: | |
| Employee: | Date: | |

