



Accommodation Approval Form

Employee name: _____	Department/Faculty: _____
Job title: _____	Date of Approval: _____

Steps to be Implemented

Equipment to be ordered? Yes _____ No _____
If **Yes**, who will order? _____

Service to be purchased? Yes _____ No _____
If **Yes**, who will purchase? _____

Will training be required? Yes _____ No _____
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 temporary basis? Yes ____ No ____

If **Yes**, when will it be done?

Comments

Signatures

Employee: _____ Date: _____

Employer : _____ Date: _____