

Accommodation Denial Form

Employee name: _____ Department/Faculty: _____

Job title: _____ Date of Denial: _____

Reason(s) for Denial (check all that apply):

- Accommodation ineffective
- Accommodation would cause undue hardship (with supporting documents)
- Medical documentation inadequate
- Accommodation would require removal of an essential function
- Accommodation would require lowering of performance standard
- Other:

Detailed reason for the denial of accommodation:

Next Steps

- Employee to provide additional information
 - Meet to discuss other accommodation options
 - Explore reassignment
 - Terminate employment
 - Other:
- _____



Comments

Signatures

Employee: _____ Date: _____

Employer: _____ Date: _____