

## 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**

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**Signatures**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_