

## Reasonable Accommodation Agreement

Facility/Unit/District Head to complete

Name of Employee: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Facility/District/Unit: \_\_\_\_\_

☐ Approved Describe the reasonable accommodation provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Denied Reason(s) for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Facility/Unit Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date