

Confirmation for Reasonable Accommodation Form

Employee s Name	Date of Request
Reasons for request	Supervisors or Deciding Official s Name
Date of Acknowledgment to Employee (within 3 days of request)	
Brief Description for Reasonable Accommodation requested	
<p>Within 15 days all of these actions must occur:</p> <p><input type="checkbox"/> Date medical information was requested, if applicable _____</p> <p><input type="checkbox"/> Deadline supervisor gives employee to submit information _____</p> <p><input type="checkbox"/> Date health & safety branch notified _____</p> <p><input type="checkbox"/> Date of approval of the accommodation(s) _____</p> <p><input type="checkbox"/> Effective date for the accommodation _____</p> <p><input type="checkbox"/> Date of disapproval of the accommodation(s) (Note: Temporary accommodation should be provided until decision is finalized.) _____</p> <p style="padding-left: 20px;">Briefly explain why decision is not finalized _____</p> <p><input type="checkbox"/> Date the employee was informed in writing _____</p>	
<p>Documents attached:</p> <p>_____ Employee s narrative requesting reasonable accommodation</p> <p>_____ Supervisor s first response</p> <p>_____ Medical officer s medical determination</p> <p>_____ Approval document for the reasonable accommodation</p> <p>_____ Disapproval document for the reasonable accommodation to the employee/applicants</p> <p>_____ Others (specify)_____</p>	
Comments for the Record:	
Signature of the Responsible IC Official for Tracking	Date

Submit this form to EEO (MD A0-02) or Human Resource Management Branch (MD EC-11)