



Grant or Denial of Reasonable Accommodation Request Form
(To be Provided to Requesting Employee)

To be completed by: _____

Date: _____

Name of Individual requesting reasonable accommodation:

Specific Accommodation Requested: _____

Decision:

Reasonable Accommodation Granted as Requested

Alternative Accommodation Granted

Describe Alternative Accommodation Granted: _____

Request for reasonable accommodation denied

Campus HR Official Name (print): _____

Title: _____

Telephone: _____

Signature: _____

Date Granted or Denied: _____