

EVALUATION OF DISABILITY ACCOMMODATION

(To be initiated by the Accommodation Coordinator)

PART A: ACCOMMODATION IDENTIFICATION — To be completed by the Accommodation Coordinator.		
Accommodation Coordinator's Name		Today's Date
Employee's Name	Department/Agency	Work Site
Employee's Phone Number	Employee's ID Number	Employee's Classification
Date of Original Request by Employee	Date of Final Approval	Date of Implementation
Describe the accommodation provided, including the estimated cost. Attach additional pages, if needed. After completing Part A, forward to the employee for completion of Part B.		
PART B: EMPLOYEE'S COMMENTS — To be completed by the employee. Describe how the accommodation has enabled you to perform your job duties. Please indicate if the accommodation is no longer needed or suggest any modifications needed in the accommodation (attach additional pages, if needed). After completing Part B, send the form to your supervisor for completion of Part C and keep a copy for your records.		
Employee's Signature		Date
PART C: SUPERVISOR'S EVALUATION — To be completed by the employee's supervisor. Describe how the accommodation enables the employee to perform the essential job functions. Indicate if the accommodation is no longer needed or suggest any modifications needed in the accommodation (attach additional pages, if needed). After completing Part C, send the completed form to the Accommodation Coordinator and keep a copy for your records.		
Supervisor's Signature		Date
PART D: ACCOMMODATION COORDINATOR'S COMMENTS — To be completed by the Accommodation Coordinator. Retain in file for reporting purposes.		
Accommodation Coordinator's Signature		Date