HUMAN RESOURCE OFFICER DECISION FORM

Date: _______________

1. Accommodation Request is:  ____ Approved  ____ Denied  ____ Modified

If APPROVED, indicate what accommodation will be provided. If MODIFIED, describe modification and provide reason. If DENIED, complete item 4 below.

2. APPROVED ACCOMMODATION: ____________________________________________________________

3. REQUEST MODIFIED: ____________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

4. REQUEST DENIED: check reasons for denying the accommodation. (Check all that apply)
   ____ The individual did not provide documentation of a disability that substantially limits a major life activity.
   ____ The requested accommodation is ineffective (will not enable individual to perform the essential functions of the position).
   ____ The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.
   ____ The accommodation/modification request will:
     _____ create an undue administrative burden
     _____ create an undue impact on operations
     _____ fundamentally alter the nature or operation of the facility
     _____ require lowering of current performance standard(s)
     _____ An effective accommodation that would not pose an undue hardship was offered, but was rejected by the individual.

HRO Approval Authority (Print)                                      State Equal Employment Manager (Print)

Signature/Date                                                   Signature/Date