



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