

## AMERICANS WITH DISABILITIES ACT (ADA) RESPONSE TO ACCOMMODATION REQUEST

Date:	Department:	
Accommodation Requested By:		
2. Is this individual covered by ADA?	YES NO	
3. Was the requested accommodation approved?	YES NO	
If yes, the following accommodations and/or modifications will be implemented:		
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Approximate cost of accommodation and/or modification: \$ If the accommodation is denied, list the reasons for the denial*:		
if the accommodation is defied, list the reasons for the	ic demai .	
* The Department must consult with the Personnel Director [or ADA Coordinator] prior to a denial of any accommodation request.		
4. Date of action:		
5. Response by individual requesting accommodation:		
Signature:	Date:	