AMERICANS WITH DISABILITIES ACT (ADA)
RESPONSE TO ACCOMMODATION REQUEST

Date:	Department:
1. 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:	
Approximate cost of accommodation and/or modification: $	
If the accommodation is denied, list the reasons for the denial*:	
* 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: