



## APPROVAL OF ACCOMMODATION REQUEST

The purpose of this form is to inform you that your request has been approved and to provide information to you. If our information is incorrect, please inform me as soon as possible.

I am the Designated Management Official (DMO) for this request. My contact information is below.

MY NAME IS

MY PHONE NO. IS

MY EMAIL IS

YOUR REQUEST WAS MADE TO ENABLE YOU TO

- APPLY FOR A JOB,
- PERFORM THE ESSENTIAL FUNCTIONS OF YOUR POSITION, OR
- ACCESS A BENEFIT OR PRIVILEGE OF EMPLOYMENT.

YOU REQUESTED THE FOLLOWING ACCOMMODATION *(Describe briefly)*

We will provide the accommodation requested by *(enter date)* \_\_\_\_\_

As we discussed during our meetings, it appears that a more effective accommodation would be *(Describe)*

This accommodation will be provided by *(enter date)* \_\_\_\_\_

If you believe that there was a misunderstanding and the proposed accommodation is not suitable, please contact me immediately.

If I have any questions regarding your request, I will contact you.

\_\_\_\_\_  
DMO SIGNATURE

\_\_\_\_\_  
DATE

This form should be retained separately from the employee's Official Personnel Folder.