

## ACCOMMODATION APPROVAL FORM

Employee Name:	Date of Approval:	
Accommodation(s) Approved:		
<b>STEPS NEEDED TO IMPLEMENT</b>		
Does equipment need to be ordered or a service purchased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who will do it?		
Will training be required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who will do the training?		
Who needs to be notified of the accommodation?		
What other steps need to be taken?		
<b>TIMEFRAMES</b>		
When will the accommodation be fully implemented?	Date:	
If maintenance is needed, when will it be done?	Date:	
Is the accommodation being provided on a trial basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when will the trial period end?	Date:	
Comments:		
<b>SIGNATURES</b>		
Employer Representative:	Date:	
Employee:	Date:	