

ACCOMMODATION DENIAL FORM

Employee Name:	Date of Denial:
Accommodation(s) Denied:	
REASON(S) FOR DENIAL (may check more than one box)	
<input type="checkbox"/> Accommodation Ineffective <input type="checkbox"/> Accommodation Would Cause Undue Hardship <input type="checkbox"/> Medical Documentation Inadequate <input type="checkbox"/> Accommodation Would Require Removal of an Essential Function <input type="checkbox"/> Accommodation Would Require Lowering of Performance or Production Standard <input type="checkbox"/> Other:	
DETAILED REASON(S) FOR THE DENIAL OF ACCOMMODATION	
NEXT STEPS	
<input type="checkbox"/> Provide Additional Information <input type="checkbox"/> Meet to Discuss Other Accommodation Options <input type="checkbox"/> Explore Reassignment <input type="checkbox"/> Terminate Employment	<input type="checkbox"/> Other:
COMMENTS	
SIGNATURES	
Employer Representative:	Date:
Employee:	Date: