

## TEMPORARY/TRIAL ACCOMMODATION APPROVAL FORM

Employee Name:	Date of Approval:	
Description of approved <b>temporary or trial</b> accommodation(s):		
Reason (if applicable) accommodation(s) is being provided temporarily or on a trial basis:		
Date to implement: _____ Date to discontinue or reassess: _____ Date to extend, or implement long-term: _____ Comments:		
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(s)?		
What other steps need to be taken?		
Who will monitor the accommodation(s)?		
What action will be taken at the end of the temporary or trial period?		
<b>SIGNATURES</b>		
Employer Representative:	Date:	
Employee:	Date:	