



**Approved:** The employee's request for a workplace accommodation has been approved as requested, in part, or is an alternate accommodation.

Approved workplace accommodation(s):

Target date for implementation: \_\_\_\_\_  
Accommodation(s) expires one year from implementation date.

**OR**

**Not Approved:** The employee's request for a workplace accommodation has NOT been approved.

Requested workplace accommodation(s) that was denied and reason for denial:

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Department Signature (Name and Title) Date

\_\_\_\_\_  
ADA Coordinator Signature (denials only) (Name and Title) Date

**SUBMIT FORM TO:**  
Employee Relations Department  
[Employee-Relations@tamu.edu](mailto:Employee-Relations@tamu.edu) or Fax 979.862.3610

*Maintain form in the department, in a separate confidential Medical file, if required.*

**NEED HELP?**  
Employee Relations Department  
979.862.4027  
[Employee-Relations@tamu.edu](mailto:Employee-Relations@tamu.edu)