

UNIVERSITY OF CALIFORNIA, DAVIS
REASONABLE ACCOMMODATION RECORD OF ACTION

Check one:

Date: _____

- Employee
- Applicant

Name _____ Phone _____

Payroll title _____

Department _____

Supervisor name _____ Phone _____

1. Date reasonable accommodation was requested: _____

2. Who requested the accommodation?

3. Date medical documentation was received: _____

4. Accommodation requested:

5. Status of request (check one):

Accommodation granted. Cost: \$_____

Accommodation denied. Reason: _____

No decision has been reached yet.

Employee signature Date

Supervisor signature Date

Vocational Rehabilitation Counselor Date

Copies: Department
Disability Management Services