

Jefferson County

Human Resources Department/Equity & Inclusion Division

**Employee Accommodation Approval Letter**



*Date:* \_\_\_\_\_

*Employee Name:* \_\_\_\_\_ *Department:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Dear* \_\_\_\_\_ *(Employee Name)*

This is in response to your request for a reasonable accommodation. We understand that you have the following work restrictions: \_\_\_\_\_

\_\_\_\_\_

We met with you to discuss possible reasonable accommodations needed because of these restrictions on \_\_\_\_\_ (date). As a result, we have approved the following accommodation(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This accommodation is considered the most effective because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The accommodation will be implemented effective \_\_\_\_\_ (date).

***Please sign and date below indicating whether you accept the provided accommodation above and return to \_\_\_\_\_ (Name and Title) by \_\_\_\_\_ (date).***

I accept the proposed accommodation       I do not accept the proposed accommodation

*Employee Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Your records will be maintained in accordance with applicable confidentiality requirements. Please contact the Human Resources Department/Equity & Inclusion Division if you have any questions.