

REASONABLE ACCOMMODATION COMMITTEE

RECORD OF ACTION

Date Heard: _____

Applicant Name: _____

Position: _____

School/Site: _____

Nature of Disability _____

Accommodation Requested: _____

Committee Discussion Issues: _____

Action of Committee:
____ Request further medical information
____ Request Vocational Rehab vendor evaluation
____ Carry over to next meeting pending: _____
____ Purchase following for applicant: _____
____ Refer to Personnel for: _____
____ Other: _____

Vote of Committee: Aye _____ Nay _____

Affirmed by Chair: _____ Signature: _____

Date: _____