SECTION 504 ACCOMMODATION
EVALUATION FORM

Part I: To be completed by employee

Employee Name: _____

Disability: _____

_____

_____

Doctor's Documentation Attached: _____ _____
Yes No

Part II: To be completed by the Human Resources Office

Solution: _____

_____

_____

Date Offered: _____ Date Implemented: _____

Date Offered and Refused: _____

If Refused, Reason for Refusal: _____

_____

Part III: To be signed after Part II is completed by the Human Resources Office

Employee Signature: _____

Human Resources: _____