

DETERMINATION

Your request of _____ for an accommodation has been:
mo/dy/yr

Approved ACCOMMODATION(S) PROVIDED:

Disapproved REASON(S) DENIED:

Approved with Modification

Approved for Trial Period from _____ to _____

Comments: _____

Reviewed by _____ Phone # _____ Date _____

If you disagree with the Department's determination, you may present additional information to the Department within ten (10) business days of the date that this determination is made to further substantiate your request.

Please call _____ at _____ or
(RA Coordinator) (telephone/ext.)
_____ if you have any questions about the
(e-mail address)
above decision.

Authorized by: _____ Date _____
(printed name)

Signature _____