



STATE OF ALASKA Americans with Disabilities Act Accommodation Request

Department Review and Action Log

Employee's Supervisor

- Employee's current position description or list of essential functions attached.
- Essential functions discussed with employee on (date):_____.
- Requested accommodation discussed with employee on (date):_____.
- Recommendation: Approve Deny Approve with Changes (explanation attached)

Supervisor Name (please print)

Work Telephone

Supervisor Signature

Date

Approving Authority (as designated by agency policy)

- Recommendation: Approve Deny

Name (please print)

Work Telephone

Signature

Date

Department ADA Coordinator

- Recommendation: Approve Deny

Name (please print)

Work Telephone

Signature

Date

Commissioner (if requested accommodation denied)

- Determination: Approve Deny

- Notes: _____

Name (please print)

Work Telephone

Signature

Date