

TEMPORARY ACCOMMODATION ACKNOWLEDGEMENT

Employee Name:	Date:
Description of approved temporary accommodation(s):	
Reason (if applicable) accommodation(s) is being provided temporarily :	
Start Date of Temporary Accommodation:	Date to discontinue or reassess: <i>Consider permitting temporary accommodation for 30 days</i>
<p>Next steps for Employee:</p> <p><i>Insert specific direction for the employee including expectations to formally evaluate the request for accommodation. This may include:</i></p> <ul style="list-style-type: none"> • <i>Employee should follow the defined process for requesting an accommodation.</i> • <i>Employee should report the request to a designated internal resource (e.g., central accommodations team, HR) or to the vendor that supports administration of accommodations for the employer.</i> • <i>Employee should actively engage in the process to support the evaluation of the request, including providing medical substantiation to support the need for accommodation.</i> • <i>If the employee does not follow the defined process for requesting an accommodation and engage in the process, the request may be closed for failure to participate.</i> 	
<p>Who needs to be notified of the temporary accommodation(s)?</p> <p><i>May include HR, central accommodations team, vendor, legal. This permits the accommodations process owners to be made aware of the temporary accommodation and triggers the evaluation of the request directly with the employee.</i></p>	
<p>What other steps need to be taken?</p> <p><i>This may include notification to leaders or other roles that direct the work of the employee. This completed temporary request form should also be provided to the accommodations process owners for memorialization.</i></p>	
SIGNATURES	
Employer Representative:	Date:
Employee:	Date:

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Employee Name: Pam Halpert	Date: 8.16.23
Description of approved temporary accommodation(s): The Company will provide Pam with two additional breaks per day (10 minutes each) and will also provide a raised keyboard and cushion that she can use as needed during her shifts.	
Reason (if applicable) accommodation(s) is being provided temporarily : Pam just made us aware today that she needs to change how she works in her position and that it's because of medical reasons. I advised Pam to contact our HR contact (Toby Flenderson) to start the company's process for formally reviewing her request. In the meantime, and until the date below, we'll provide her with the temporary accommodation outlined above.	
<p>Start Date of Temporary Accommodation: 8.16.23</p> <p style="text-align: right;">Date to discontinue or reassess: 9.14.23 <i>Consider permitting temporary accommodation for 30 days</i></p> <p>Next steps for Employee: Contact Toby in HR by 8.21.23 to request an accommodation. If you don't contact Toby by this date, the accommodation request may be closed and the temporary accommodations may cease.</p> <p><i>Insert specific direction for the employee including expectations to formally evaluate the request for accommodation. This may include:</i></p> <ul style="list-style-type: none"> • Employee should follow the defined process for requesting an accommodation. • Employee should report the request to a designated internal resource (e.g., central accommodations team, HR) or to the vendor that supports administration of accommodations for the employer. • Employee should actively engage in the process to support the evaluation of the request, including providing medical substantiation to support the need for accommodation. • If the employee does not follow the defined process for requesting an accommodation and engage in the process, the request may be closed for failure to participate. 	
<p>Who needs to be notified of the temporary accommodation(s)? Toby Flenderson</p> <p><i>May include HR, central accommodations team, vendor, legal. This permits the accommodations process owners to be made aware of the temporary accommodation and triggers the evaluation of the request directly with the employee.</i></p>	
<p>What other steps need to be taken? I (Michael) will share this form with Toby and with Pam.</p> <p><i>This may include notification to leaders or other roles that direct the work of the employee. This completed temporary request form should also be provided to the accommodations process owners for memorialization.</i></p>	
SIGNATURES	
Employer Representative: Michael Scott	Date: 8.16.23
Employee: Pam Halpert	Date: 8.16.23