

REQUEST FOR ACCOMMODATIONS/REMOVAL OF BARRIERS

Date: _____

Descriptions of the Requested Accommodation or Barrier:

Description of Proposed Solution: _____

Descriptions of facilitation until barrier is removed, if any _____

Decision: _____

Person Responsible for implementation _____

Time Frame for Implementation if Applicable:

Date Due: _____

Date Completed: _____

Remarks: _____

Reviewed By: _____ Date: _____