

Accommodation Acknowledgement Form

Please return form to the Office of Human Resources or email to eeo@osuokc.edu

College/Unit/Division

Campus Address

Name of individual completing form

CWID

Phone #

Date Completed

Please complete the fields below and provide a description of the accommodation your department made for each employee listed.

Last Name

First Name

CWID

Date accommodation began

Description of accommodation:

Last Name

First Name

CWID

Date accommodation began

Description of accommodation:

Last Name

First Name

CWID

Date accommodation began

Description of accommodation:

Attach as many additional pages as needed

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