NOTICE OF ADA CONFERENCE

This is to confirm our previous contact with you to schedule an ADA Conference as follows:

Employee: ___________________________ Date: ___________________________

Location: ___________________________ Time: ___________________________

A. The purpose of this Conference:
   ______ Consider initial request for accommodation
   ______ Consider request to modify accommodation
   ______ Periodic review of accommodation
   ______ Review of accommodation in light of changed circumstance
   ______ Other (specify) ___________________________

B. The following records/data will be discussed: ___________________________
   ___________________________

C. The following people will be included in the meeting:
   1. Supervisor ___________________________
   2. Other Specialist(s) ___________________________
   3. ADA Coordinator ___________________________
   4. Human Resource Representative ___________________________
   5. Other ___________________________
Please complete this page and return it in the enclosed envelope by no later than ____________

1. I will attend the ADA Conference

2. I have identified below any additional University personnel I would like to have attend the ADA Conference.

3. I understand that I may also bring other persons to the ADA Conference.

Employee Signature: ___________________________ Date: ________________