

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: _____

