AGREED WORKPLACE ACCOMMODATION RECORD

Employer: Gulf Coast Regional Hospital, Inc. · **Employee:** Theresa Okonkwo · **Job:** Registered Nurse, ICU **Record date:** 2026-06-01 · **Actual work state:** IL · **Selected governing state:** IL

Request and discussion

Functional request and communication: Employee requested a height-adjustable desk orally on October 2. Duties and limitations identified: Regular record preparation duties performed at an adjustable workstation. Discussion of effective options: Employee and manager discussed a workstation adjustment and a flexible appointment schedule. An accommodation request can be made orally and informally. Discuss effective ways to work or, where appropriate, a finite period of leave, an estimated return or extension. A preset limit or missed paperwork does not establish a voluntary resignation. If return timing is uncertain, seek the information needed for an individualized assessment. Undue hardship and reassignment to a vacant position, where applicable, require separate consideration. A position elimination is an employer action. This record does not document an employee resignation.

Confidentiality and return

Medical documentation belongs in a separate confidential file. Supervisors and managers may receive necessary restrictions and accommodations. Other disclosures must fall within a specific legal exception, such as information needed by safety or first-aid personnel for emergency treatment or by officials investigating compliance. Do not circulate the supporting medical file with this record. Any return-to-work medical inquiry or examination must independently be job-related, consistent with business necessity and limited to the relevant objective evidence.

Agreed implementation

The employer and worker have discussed and agreed on this specific adjustment: Install an adjustable workstation by the scheduled start. Contact HR for adjustments. Start date: 2026-11-05. Finite leave or extension through 2026-12-03. Review or change the arrangement through the identified contact if circumstances change. This record does not predetermine an extension, separation, FMLA designation, insurance or state benefit. Employer representative: [[SIGFIELD:employer_signature]] · Date: _____ Employee: [[SIGFIELD:employee_signature]] · Date: _____ Separate work-state, benefit and other leave review: HR reviewed actual work location and other leave under separate records.

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