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:** WA · **Selected governing state:** CA

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. The employee will continue working with the agreed adjustment. 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.

Medical Ada Leave of Absence Agreement • SAMPLE