

TEMPORARY DUTY ACCOMMODATION APPROVAL FORM

Employee Name: _____	Date of Approval: _____	
Description of approved temporary or trial accommodation(s): 		
Reason (if applicable) accommodation(s) is being provided on a temporary basis: 		
Date to implement: _____ Date to discontinue or reassess: _____ Date to extend, or implement long-term: _____ Comments:		
Does equipment need to be ordered or a service purchased?	Yes ()	No ()
If yes, who will do it? 		
Will training be required?	Yes ()	No ()

If yes, who will do the training? _____

Who needs to be notified of the accommodation(s)? _____

What other steps need to be taken?

Who will monitor the accommodation(s)?

What action will be taken at the end of the temporary or trial period?

SIGNATURES

Employer Representative:	Date:
Employee:	Date:



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