

DEPARTMENT OF HOMELAND SECURITY
FEDERAL LAW ENFORCEMENT TRAINING CENTERS
RECORD OF IMPLEMENTATION OF AGENCY-APPROVED
STUDENT ACCOMMODATION REQUEST

SECTION I – Approved Accommodation (COMPLETED BY STUDENT'S EMPLOYING AGENCY)

Student's Employing Agency Verification: I confirm the student's requested accommodations listed below are approved by their employing agency. The request was vetted through the employing agency's Reasonable Accommodation/Religious Accommodation/Provisional Arrangement or administrative request process, as appropriate. FLETC does not request or review student medical documentation, nor does FLETC make a determination regarding the student's need for or entitlement to an accommodation. I understand that FLETC will coordinate and implement agency-approved accommodations, and that some accommodations may incur a cost that could be charged back to the student and/or student's employing agency.

Student's Employing Agency Representative Signature:	Date Signed:
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Printed Name of Student's Employing Agency Representative:	Student's Agency Representative Email :
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Type of Accommodation(s) Approved (select all that apply):

- Reasonable Accommodation (Disability)
- Religious Accommodation
- Provisional Arrangement (Lactation, Pregnancy, etc.)

Student's Full Name:	Student's Employing Agency:
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Student 's Email Address:	Student's Phone Number:
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Student's Class Name:	Class Site Location (Select One):
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Student's Arrival Date:	Student's Departure Date:
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Accommodation(s) Approved by the Student's Employing Agency:

SECTION II – Confirmation of FLETC Implementation (COMPLETED BY FLETC)

FLETC Official Printed Name:	FLETC Official Title:	FLETC Official Email/Phone:
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FLETC Official Signature:	Date:
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Accommodation(s) Implemented by FLETC & Comments (if applicable):