

ASSISTIVE ANIMAL ACKNOWLEDGMENT FORM

Name: _____

Date: _____

Position: _____

Department: _____

Your request to bring an assistive animal onsite as a reasonable accommodation has been **granted**.

This is a reminder that information regarding your accommodation is confidential and will only be shared on a *need to know basis*. To that end, we will only share basic information regarding your assistive animal with coworkers, including:

- There will be a permitted assistive/service animal onsite;
- Employees are not allowed to interact with the animal without the owner's permission;
- Employees should respect privacy and not ask intrusive questions;
- Those with any allergies, phobias, or other concerns should contact Human Resources for additional assistance.

If there is anything else you want us to consider sharing with coworkers, please let us know:

Depending on the circumstances, we may need to share some additional information with your supervisor, as appropriate.

For additional information, please refer to our Assistive Animals Policy.

Employee Signature

Date Completed (*Month/Day/Year*)