**EMAIL TEMPLATES**

Approval of request to use personally-owned vehicle

Communication to employee

Date: INSERT DATE

TO: INSERT EMPLOYEE NAME AND TITLE

From: INSERT DSC NAME AND TITLE

Re: Approval of request to use personally-owned vehicle

INSERT EMPLOYEE NAME, REIMBURSEMENT TRIP #

In accordance with MD 205.25, Disability-Related Employment Policy, this serves as notification that your request to use your personally-owned vehicle for Commonwealth related business travel as an accommodation for your disability, is granted.

Please retain this memorandum for your records and attach a copy to your travel expense report. Should your circumstances change so that this accommodation is no longer necessary to enable you to perform the essential functions of your position, you should immediately notify this office. This accommodation will be reviewed periodically to determine whether it is needed for you to perform the essential functions of your job.

Communication to Office Of Budget, Comptroller Operations

Date: INSERT DATE

To: Steve Burns, Assistant Director

Office of Budget, Bureau of Commonwealth Payroll Operations

From: INSERT DSC NAME AND TITLE

Re: Approval of request to use personally-owned vehicle

EMPLOYEE NAME, REIMBURSEMENT TRIP #

This serves as documentation that in accordance with MD 205.25, Disability-Related Employment Policy, I have reviewed and approved INSERT EMPLOYEE’S NAME request to use his/her personally-owned vehicle as an accommodation due to his/her disability, for Commonwealth related business travel. Please retain a copy of this approval for all future travel expense reimbursements. If you have any questions or require additional information, please contact me at INSERT DSC TELEPHONE NUMBER.

Denial of request to use personally-owned vehicle

Communication to employee

Date: INSERT DATE

To: INSERT EMPLOYEE NAME AND TITLE

From: INSERT DSC NAME AND TITLE

Re: Denial of request to use personally-owned vehicle

INSERT EMPLOYEE NAME, REIMBURSEMENT TRIP #

In accordance with MD 205.25, Disability-Related Employment Policy, this serves as notification that your request to use your personally-owned vehicle for Commonwealth related business travel as an accommodation for your disability, is denied.

IF APPROPRIATE INSERT INFORMATION ON ACCOMMODATIONS PROVIDED OTHER THAN THE USE OF PERSONALLY-OWNED VEHICLE

If you are not satisfied with this decision, you may request reconsideration by submitting a written request to (INSERT INDIVIDUAL RESPONSIBLE FOR PROCESSING RECONSIDERATION REQUESTS) within 20 days of this notification.