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| Date of Review |  |
| Employee Name |  |
| Name and Role of Reviewer |  |
| Current Adjustments | Insert details of current reasonable adjustments |
| Changes Requested | Is the change for the current reasonable adjustments? What is the change requested? Who has requested the change? What is the reason for the change? |
| Changes Agreed | Confirmation of agreed reasonable adjustments |
| Date for next review |  |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_