

**Employee Request for Reasonable Accommodation
under the Americans with Disabilities Act (ADA)**

The purpose of this form is to allow an employee to request a workplace accommodation and to assist the College in determining to what extent a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of his or her job safely and effectively. To be eligible for a reasonable accommodation under the ADA, the employee must 1) be qualified to perform the essential functions of the position with or without a reasonable accommodation and 2) have a qualifying disability that limits a major life activity or function. It is the employee's responsibility to request an accommodation.

Please answer the following questions to assist us in understanding the basis and nature of this request. Attach additional sheets if necessary. Providing this information is strictly voluntary; however, if you refuse to provide it, the College may refuse to provide an accommodation.

Employee Name: _____

Job Title: _____

Department: _____

Supervisor: _____

1. Indicate your physical or mental impairment or impairments (the "Disability").

2. Is the Disability temporary or permanent? Temporary _____ Permanent _____

If temporary, what is the expected duration of the Disability?

3. What job function or functions, if any, are you having difficulty performing?

4. Describe how the Disability impairs your ability to perform one or more essential functions of your job.

5. If known, what specific accommodations for the Disability are you requesting?

6. If you are not sure what accommodation may be needed, describe possible accommodations or any suggestions about what options could be explored to enable you to perform the essential functions of your job.

7. How will these accommodations enable you to perform the essential functions of the job?

8. Have you had previous accommodations for this same Disability? Yes _____ No _____

If yes, what were they and how did they help you perform your job?

9. Has a physician or other health care professional recommended a specific accommodation?

Yes _____ No _____

If yes, please attach a copy of the recommendation.

10. Is your accommodation request time sensitive? Yes _____ No _____

If yes, please explain.

11. Provide any additional information that might be important or useful for this request.

Employee Signature

Date