

This form is to be used to make a request for reasonable accommodation of a physical or mental disability as outlined in the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. This form is to be used by **employees** of the College only. Initial application may be made to the Director of Human Resources. All information received pertaining to your request is kept confidential. This information is maintained separately from personnel records and may only be used in connection with the College's Affirmative Action efforts. An **original** doctor's note is required to be submitted with this request.

EMPLOYEE REQUEST

Name _____ Department _____
Last First Middle Initial

Title _____

Campus Address _____ Phone number _____

Supervisor _____

Supervisor's Title _____

I am requesting the following reasonable accommodation(s):

It is necessary for me to have this accommodation for the following reason(s):

Signature _____ Date _____
Employee

RESPONSE TO REQUEST FOR ACCOMODATION

I have approved the above request for accommodation

Comments _____

I have declined the above request for accommodation

Comments _____

Signature _____ Date _____
Director of Human Resources