

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

What are the current limitations caused by your condition(s)?

Given these limitations, what parts of your assigned job duties are impeded by your condition?

To get us thinking about an effective accommodation, tell us what changes you suggest related to how you perform your job or the actual duties to make it possible for you to continue to do your job well.

SECTION II: To be completed by the ADA Coordinator or designee.

Has the employee signed the Reasonable Accommodation Request Form? ___ yes ___ no

Have the essential functions of the position been discussed and confirmed? ___ yes ___ no

Which of the following has the employee been given to take to his or her doctor(s)?

___ Signed Employee Disability Verification Form

___ Job Description

___ Cover Letter

___ Other Supporting Documentation or Information (please describe)

Date Section II complete: _____

Section II completed by (name): _____

SECTION III: To be completed by ADA Coordinator or designee after receiving documentation from health care provider(s).

Is the health care provider documentation sufficient for the College to determine if the employee has a physical or mental impairment that substantially limits one or more major life activities and the employee's ability to perform the essential job functions?

___ yes ___ no

If no, list date when sufficient documentation was received: Date: _____

If yes, doctor's recommendation about a possible accommodation:

List contacts with employee after the health care documentation was received.

Date: _____

Outcome of conversation: _____

Date: _____

Outcome of conversation: _____

Other contacts. Dates and outcomes of those conversations:

Is the employee disabled as defined by the ADA? ___ yes ___ no

Is the employee otherwise qualified for the position? ___ yes ___ no

List specific accommodation(s) discussed and/or approved:

Name of person completing form: _____

Phone: _____ Date form was completed: _____

Estimated cost of accommodation if known: _____

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