

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation? YES NO
If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

Employee Signature

Date

Job Title

Department

Return this form to:
Director of Human Resources
Dutchess Community College
53 Pendell Road
Poughkeepsie, NY 12601