

DUTCHESS

COMMUNITY COLLEGE

ADA Reasonable Accommodation Request Form

Date: _____

Employee's Name: _____

Phone: _____

Email: _____

Job title: _____

Department: _____

Supervisor's name: _____

Describe the nature, extent and duration of your disability:

Describe the accommodations you believe are needed to enable you to perform the essential functions of this job. (Be as specific as possible, for example adaptive equipment, reader, interpreter, training, schedule change, etc.)

What, if any job functions are you having difficulty performing?

What, if any employment benefit (s) are you having difficulty accessing?

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?

Provide the name, address, telephone and fax numbers of your health care provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I authorize the release of information regarding my disability to Dutchess Community College Management as deemed necessary by human resources to facilitate this request for accommodation.

Employee signature: _____

Date: _____