



REASONABLE ACCOMMODATION REQUEST FORM

This form is to be used to request an accommodation under the American with Disabilities Act.

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes No
If yes, please explain.

Is your accommodation request time sensitive? Yes No
If yes, please explain.

B. Questions to document the reason for accommodation request.

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

What, if any, employment benefit 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?

C. Other.

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

I understand that I am responsible for providing documentation of my disability that supports this request for accommodation(s). I understand my request for accommodation(s) will be discussed in a collaborative manner with my supervisor and, if necessary, other appropriate Collin College personnel. I understand that if, in the future, the nature of my disability or my work assignment changes, I have the right to request other accommodation(s).

I understand that I must provide documentation from an appropriate health care professional to establish my eligibility as a person with a disability. I further understand it is my responsibility to sign the necessary release forms with that individual and have my documentation sent to:

**Christina O. Canales
Manager, HR Benefits
Collin County Community College District
3452 Spur 399
McKinney, TX 75069
(972) 599-3164
Fax: (972) 985-3778**

Signature

Date