

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? If <i>yes</i> , please explain.	Yes	No
Is your accommodation request time sensitive? If <i>yes</i> , please explain.	Yes	No
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? If yes, what were they and how effective were they?	Yes	No
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 y	our accommo	dation 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).

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

Sandy Davis Manager, HR Benefits Collin County Community College District 3452 Spur 399 McKinney, TX 75069 (972) 599-3164 Fax: (972) 985-3778

Signature

Date