SANTA ROSA JUNIOR COLLEGE

REASONABLE ACCOMMODATION REQUEST FORM
Human Resources
(Completed by Employee)

EMPLOYEE'S NAME: _____   **POSITION/STATUS:** _____

DEPARTMENT: _____   **SUPERVISOR:** _____

1. Please detail the type of accommodation you are requesting:

2. What essential job functions are limited by the disabling condition(s)?

3. How will this accommodation enable you to perform the essential functions of your job? (Please feel free to attach additional sheets if you need more space).

4. Under separate cover, please forward documentation from your medical provider that details your disability, provides a medical diagnosis, your functional limitations and your specific need for accommodation. All information that is provided will be considered confidential. All ergonomic equipment/devices purchased for this accommodation will remain the property of Santa Rosa Junior College.

5. I authorize my medical provider to release my medical information to the Reasonable Accommodation Program Coordinator.

Signature: _____   Date: _____

TO BE COMPLETED BY IMMEDIATE SUPERVISOR:

_____   I have reviewed this request and concur with the essential functions of the job as described by the employee. I can accommodate the restrictions as outlined by the employee.

OR

_____   I have reviewed this request and do not concur with the essential functions of the job as described by the employee, nor can I accommodate the restrictions as outlined by the employee. I have detailed my rebuttal and attached relevant documentation to this form.

Signature: _____   Date: _____

TO BE COMPLETED BY THE ADA COORDINATOR (OR DESIGNEE):

_____   The request for reasonable accommodations is approved as requested.

☐   Purchase order completed
☐   Work order completed

_____   The request for reasonable accommodations is approved with the following modifications:

_____   The request for reasonable accommodations is denied for the following reason(s). The process for appeal will be provided if your request for an accommodation is denied.

Signature: _____   Date: _____

Please return completed form to Robin McHale in Human Resources (or contact 707/524-1507 or rmchale @santarosa.edu).