

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*