



Request For Reasonable Accommodation (Employee or Applicant)

**If you need assistance in completing this form, please contact:
Jerry Johnson, Director of Risk Management at jjohnson@4cd.edu**

or

Reed Rawlinson, Benefits Analyst at rrowlinson@4cd.edu.

A qualified individual with a disability is entitled to reasonable accommodation that does not cause an undue hardship and that will be effective in enabling him/her to perform the essential functions of the position the employee holds or desires, enabling an applicant with a disability to have an equal opportunity to be considered for a desired job, or enabling an employee to enjoy equivalent benefits and privileges of employment as are enjoyed by similarly situated employees without disabilities.

Employees may request reasonable accommodation verbally or in writing to their supervisor or the Office of Human Resources. Applicants should present their request to the Office of Human Resources. All such requests will be handled by the Associate Vice Chancellor/Chief Human Resources Officer or designee.

While not required to initiate the Reasonable Accommodation Request process, completion and submission of this form (or provision of the requested information in another format) by the employee/applicant will expedite the process. This form should be submitted to the Office of Human Resources as soon as the employee/applicant has knowledge of the need for reasonable accommodation.

Your request for reasonable accommodation will be reviewed by the Office of Human Resources in accordance with Human Resources Procedure 1080.05. The Office of Human Resources will contact you about initiating the interactive process, including gathering necessary and relevant information.

Name: _____ *(Please Print)*

Address: _____ *(Please Print)*

City/State/Zip: _____ *(Please Print)*

Telephone: _____ Work: _____

Current Position: _____ *(Please Print)*

Location: _____ *(Please Print)*



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I am suffering from a disability or medical condition protected by state and/or federal law, which imposes work-related restrictions and therefore I need reasonable accommodation in order to perform the following job functions, have equal opportunity to be considered for a job, or to enjoy the privileges/benefits of employment in the same way as a non-disabled person. Please include the anticipated duration of the disability and restrictions. **You are not required to identify your specific illness or condition.** *(Please Print):*

(Attach additional sheets if necessary)

In order to perform the job functions listed above, have equal opportunity to be considered for the position, or enjoy the privileges/benefits of employment, I will need reasonable accommodation, and request that the District do the following (including the anticipated duration of any accommodations). I understand that the District is not required to accept my proposed accommodations if it can find a different, equally effective one. *(Describe.)*

(Attach additional sheets if necessary)

NOTE: If your protected disability and/or work-related restrictions are not obvious, you may be required to provide a certification from your health care provider confirming the existence of the disability, the work-related restrictions, and their anticipated duration. Attached is a Health Care Provider Certification for Reasonable Accommodation Request form for your health care provider to complete.

This form and information gathered as part of this process will be kept confidential and stored in a separate, locked cabinet with limited access.

Signature: _____
(Employee/Applicant)

Date: _____