SANTA ROSA JUNIOR COLLEGE

REASONABLE ACCOMMODATION REQUEST FORM
(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. Send medical documentation to the SRJC Human Resources Office of Environmental Health & Safety (EH&S) by secure FAX at (707) 527-4311 or by email to ehsweb@santarosa.edu. All medical 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 ehsweb@santarosa.edu, or directly to Robin McHale (contact (707) 524-1507 or rmchale@santarosa.edu).