**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.](mailto: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

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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,*](mailto:ehsweb@santarosa.edu) *or directly to Robin McHale (contact (707) 524-1507 or rmchale@santarosa.edu).*

ADA-Reasonable Accommodation October 12, 2020