

For consideration for reasonable accommodation, employees must complete questions #1-#4 and return their request form to HR, Employee Health & Safety Compliance by email to HREmployeeHealth@santarosa.edu.

Medical guidance is required for reasonable accommodation. Please send medical guidance separately from this form to Human Resources as directed in #4 below. Review for reasonable accommodation may begin when medical guidance is received by HR.

EMPLOYEE'S NAME: _____ **POSITION/DEPT.:** _____

OFFICE LOCATION (Rm#/ Bldg./Campus): _____ **SUPERVISOR:** _____

1. Please detail the type of accommodation you are requesting (Attach an additional page if more space is needed).

2. What essential job functions are limited by the disabling condition(s) (Attach an additional page if more space is needed)?

3. How will this accommodation enable you to perform the essential functions of your job (Attach an additional page if more space is needed)?

4. Separately, you or your doctor may send medical guidance that details your disability or functional limitations that require reasonable accommodation to SRJC Human Resources by Fax to (707) 527-4311, or by email to HREmployeeHealth@santarosa.edu, All medical information provided to SRJC is considered confidential.

I authorize my medical provider to release my medical information to SRJC's Reasonable Accommodation Program Coordinator.

Employee Signature: _____ **Date:** _____

TO BE COMPLETED BY THE 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.

Supervisor Signature: _____ **Date:** _____

TO BE COMPLETED BY HUMAN RESOURCES ADA COORDINATOR (OR DESIGNEE):

☐ The employee's request for reasonable accommodation is approved as requested by the District as follows:

☐ Ergonomic equipment/devices are approved. *All ergonomic equipment/devices provided under reasonable accommodation will remain District property.*

Purchase Order # _____ completed.

☐ Service Request # _____ completed.

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

☐ The request for reasonable accommodations is approved by the District with the following modifications:

District Human Resources Signature: _____ **Date:** _____