

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, 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.

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 Susan Muskar in Human Resources (or contact 707/524-1624 or smuskar@santarosa.edu).