



ADA: Employee Accommodation Request Form

Reasonable accommodations may be needed to provide equal access and opportunities to qualified individuals with disabilities. If you are an employee with special needs that are the result of a disability and you believe that reasonable accommodations will assist you in the performance of your job, please complete this form and return it to the Department of Human Resources.

Name: _____

Employee ID #: _____

Job title _____

Work phone _____

Department: _____

Work locations (bldg.) _____

Supervisor/Department Head: _____

Work schedule (Days & hours) _____

Nature of the qualifying disability: _____

Requested/Suggested Accommodation (*Please describe the accommodations you believe are needed to enable you to perform the essential functions of your job*):

Time frame needed: _____

Physician Contact Information (*Please provide name, address, telephone, and fax numbers. The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations*). ***If you would like to speed up the process, please inform your medical provider that we will fax a Medical Inquiry Form to their office.***

I give Gordon State College permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate College personnel and/or my health care professional. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that this request must be supported by appropriate documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job.

Signature _____

Date _____