



NASSAU COMMUNITY COLLEGE
REQUEST FOR REASONABLE ACCOMMODATION

Title II of the Americans with Disabilities Act (ADA) of 1990 requires employers to provided reasonable accommodations for qualifies employees with disabilities. This form provides a standard written documentation of an employee’s request for reasonable accommodation. The form must be completed by the employee and his/her/their Department Head/Supervisor and is to be submitted to the Affirmative Action, ADA/504 Officer. Completing this form is not a guarantee that the request will be granted. Approved accommodations are subject to annual review.

Request From: _____ Date: _____

Position/Title: _____ Office Ext: _____

Department: _____ Supervisor: _____

Home Address: _____

_____ Home Phone: _____ Cell Phone: _____

PLEASE BRIEFLY ANSWER QUESTIONS 1-5 BELOW: (Continued on page 2 of form).

1. What is your disability? What, if any, job function are you having difficulty performing?

Three horizontal lines for writing the answer to question 1.

2. How does your disability impact your daily living outside of work?

Three horizontal lines for writing the answer to question 2.

3. How does the disability impact your ability to perform your duties at work?

Three horizontal lines for writing the answer to question 3.

4. Describe what you think will help you effectively perform your job and how that accommodation will assist you.

One horizontal line for writing the answer to question 4.



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5. Please list and attach your medical documentation, if available. Verification may be required.

To be completed by Department Head/Supervisor: Would the requested accommodation, if granted, fundamentally alter the position or impact any other employee's job duties or position? Yes [] No []
If yes, please explain and/or provide any other relevant information.

Signed: Department Head/Supervisor Date Print Name: Dept. Head/Supervisor
(The department supervisor is responsible for implementing the accommodation, subject to approval.)

Signature of Employee Print/Type Employee Name Date Reviewed by AA Officer

Action(s) taken:

A. Interactive Process - Meeting held with Requestor and supervisor -- union representatives may be present.

Date Initial Conference Date (if applicable) Initial

Outcome:

B. Granted/Approved C. Disapprove

Craig Wright, ADA/504 Officer Date

*Approved accommodations are subject to annual review, and may require resubmitting of medical documentation and/or update request form.