



NASSAU COMMUNITY COLLEGE
REQUEST FOR REASONABLE ACCOMMODATION

This form provides standard written documentation of an employee's request for a reasonable accommodation. It is to be completed and signed by the employee, his/her/their Department Head/ Supervisor, and the Area Vice President, and submitted to the Office of Civil rights and Belonging (CRB), ADA/504 Officer at crb@ncc.edu. Completing this form is not a guarantee that the request will be granted, and 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. Also how long do you expect reasonable accommod

Two horizontal lines for writing the answer to question 4.



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5. Please attach your medical documentation for your reasonable accommodation request.
(Do not copy anyone when submitting medical documentation.)

Signature of Employee Print/Type Employee Name Date

To be completed by Department Head/Supervisor, in consultation with the Area Vice President:
Would the requested accommodation, if granted, fundamentally alter the position of, or impact, any other employee's job duties or position? Yes [] No []
If yes, please explain and/or provide any other relevant information.
Signed: Dept. Head/Supervisor Date Signed: Area Vice President Date
Title: Title:
(The department supervisor is responsible for implementing the accommodation, subject to approval.)

For Office of Civil Rights & Belonging Use Only:
Action(s) taken:

Date Reviewed by ADA-504 Officer

A. Interactive Process – Meeting held with Requestor, department supervisor, and Area VP or designee -- union representatives may be present.

Date Initial Conference Date (if applicable) Initial
Outcome:

** If remote work is approved, employee is required to have high speed, broad band Internet access, and a functioning desk top, or laptop computer. Teaching faculty must use the required LMS and one drive.

CRB, ADA/504 Officer Date Approve Denied

*Approved accommodations are subject to review and will require updated medical documentation and an updated request form.