**REQUEST FOR ACCOMMODATION**

The undersigned employee has requested that the College furnish accommodations on the job. Whether the individual employee is a **qualified individual with a disability** within the meaning of the law is a question of law dependent on a wide variety of factors. In order to assist the College to best make this determination, please respond to the following questions.

1. What is your professional area of expertise?

2. When and on approximately how many occasions have you treated the undersigned
 employee?

3. Does this individual have a mental or physical impairment?

4. If so, please describe the nature of the impairment, its duration and prognosis.

5. If the individual has a mental or physical impairment, does that impairment substantially limit

 any major life activity? If so, describe specifically which major life activity/activities are
 adversely affected, and in what manner it/they are affected?

1. If the individual has a mental or physical impairment and if such impairment substantially limits one or more major life activities, please describe what mitigation, corrective or self-help measures available to the individual to minimize the impairment?
2. What mitigating corrective or self-help measures does the individual currently use?
3. Enclosed is a copy of the employee’s job description. In light of these expectations, what reasonable accommodations, if any, might enable this employee to fulfill these responsibilities?

Please add any other information, comments or suggestions that will assist the College to determine: (1) whether the employee is disabled within the meaning of the law, and (2) whether he/she is eligible to receive reasonable accommodations.

The employee’s written consent to share medical information with the College is also enclosed.

Thank you for your timely and thoughtful response.

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Employee Date

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Person Completing Form Date