



HIGHLAND COMMUNITY COLLEGE

REQUEST FOR REASONABLE ACCOMMODATION UNDER AMERICANS WITH DISABILITIES ACT (ADA)

This form must be completed when an employee is making a request for accommodation under the Americans with Disabilities Act (ADA).

Employee Name: Employee's Supervisor: Position: Department: Contact number: Email:

Highland Community College requests that you provide the following information regarding your medical condition as the basis for discussion whether it is possible to provide you with reasonable accommodation under the Americans with Disabilities Act (ADA). This information will be treated as a confidential medical record and used solely for the purpose of discussing your need for accommodation. After you have returned this form to Human Resources, we will schedule a meeting to discuss your request.

A. REQUESTED ACCOMMODATION(S) please attach additional sheets if necessary
What specific accommodation(s) are you requesting to perform the essential functions of your job properly and safely?
If you are not sure what accommodation(s) is/are needed, do you have any suggestions about what options we can explore? Yes No
If yes, please explain.
Describe each form of accommodation that would enable you to perform the functions of your job and/or enjoy benefits and privileges of employment that are not presently available to you.

Which form of accommodation described above is your first preference?

How would this/these accommodation(s) positively affect your job duties?

Is your accommodation request time sensitive?
If **yes**, please explain.

Yes

No

B. REASON(S) FOR ACCOMMODATION REQUEST *please attach additional sheets if necessary*

Identify and describe the physical or mental disability, illness, condition or disease which is the basis for your request for reasonable accommodation(s) by Highland Community College. *(See definition of "disability" at the end of this form.)*

Describe how your medical condition interferes with your ability to perform any job function(s) or adhere to the performance or conduct standards established by Highland Community College for its employees.

If applicable, describe how your medical condition interferes with your ability to enjoy equal benefits and privileges of employment that are available to similarly situated employees.

Please provide any additional information that might be useful in processing your accommodation request:

Have you had any accommodations in the past for this same limitation?

Yes

No

If **yes**, what were they and how effective were they?

C. PHYSICIAN INFORMATION

Identify the names and addresses of physicians, therapists, psychologists or other health care providers who have information or documentation concerning your disability, illness, condition or disease or your need for a reasonable accommodation by Highland Community College.

D. SIGNATURE AND AUTHORIZATION

I hereby authorize the above listed health care providers and any others who have treated me to release to Highland Community College all medical records concerning the disability disclosed herein and provide any opinions to Highland Community College concerning my ability to perform job-related functions with or without reasonable accommodation.

I understand that Highland Community College may require me to undergo testing or evaluation by medical personnel retained by Highland Community College for the purpose of establishing the existence and extent of my disability, illness, condition or disease and my ability to perform job-related functions with or without reasonable accommodation.

Employee Signature

Date

Return this form in an envelope marked **CONFIDENTIAL** to:

Human Resources
ATTN: Rose Ferguson
Campus Mailbox #23
2998 W. Pearl City Rd.
Freeport, IL 61032

Definitions:

“DISABILITY” (1) a person who has a physical or mental impairment that substantially limits one or more major life activities, (2) a person with a record of a physical or mental impairment that substantially limits one or more major life activities, and (3) a person who is regarded as having a physical or mental impairment that substantially limits one or more major life activities.

“REASONABLE ACCOMMODATION” includes any modification to the job or work environment to enable an employee to perform the essential functions of the job in question. These definitions are provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definitions of these terms or impose obligations.