

Confidential
Orange County Community College

Reasonable Accommodation Request Form

The purpose of this form is to assist the College in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

This section to be completed by the employee requesting accommodation.

Employee: _____	
Employer: _____	Telephone: _____
Job Title: _____	Request Date: _____
Department: _____	

I give SUNY Orange permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act and the New York Human Rights Law. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements of those statutes.

I further understand that I may be required to complete and sign the attached release of information, giving SUNY Orange permission to consult with my health care professional(s) in order to determine that I am a qualified employee with a disability and potential accommodations.

_____	_____
Employee Signature	Date

Employee Name (please print)

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Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

A. What are the limitations caused by your condition(s) that you are currently experiencing?

B. Given your limitations, what parts of your assigned job duties (essential functions) are impeded by your condition?

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- C. In order to help us think about an effective accommodation, tell us what accommodation(s) you envision to make it possible for you to continue to do the job well.
