Employee Request for Accommodation Form

Independence Community College
Human Resources (620) 332-5607

The purpose of this form is to assist Human Resources in determining whether, or to what extent, a reasonable accommodation for an employee with a disability is required to perform one or more essential functions of their job safely and effectively. The employee must initiate the request for an accommodation and all information provided will be treated confidentially. To be eligible for a reasonable accommodation under the Americans with Disabilities Act, you must be qualified to perform the essential functions of your position with or without an accommodation, and have a qualifying disability that limits a major life function. **No purchase of equipment for used for an accommodation can be made without written approval from Human Resources.**

Employee Name:	Employee Phone:
Supervisor:	Supervisor Phone:
Department:	Date:

Please describe which major life activity your impairment limits.

What are the essential job functions of this position? If needed, please attach the job description.

Describe how your condition limits your ability to perform the essential job functions of your job.

Identify possible accommodations that may enable you to perform the essential functions of the job.

How will these accommodations enable you to perform the essential functions of the job?

Have you had any accommodations in the past for this same limitation? YES NO

If yes, what were they?

I give the Human Resources Department at Independence Community College permission to obtain and review my medical records to determine possible coverage and determine any reasonable accommodations under the Americans with Disabilities Act of 1990. I understand all information obtained in this request will be used in accordance with ADA confidentiality requirements. **Please have a Request for Medical Certification Form completed by your physician and attach to this request.**

Employee's signature: Date:

Human Resources Use Only

Accommodation request is: Approved Denied Modified

If modified, describe modification. If denied, give rationale.

Date Employee Request for Accommodation Form Received:

Date Medical Inquiry Form Received:

Human Resources Approval Signature:

Reset Form

Revised: 09/01/2021