

REASONABLE ACCOMMODATION REQUEST FORM

Under the California Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA), a reasonable accommodation is an adjustment or modification to the job, work environment, or employment policies that allows an employee to perform essential job functions despite their restrictions. Accommodations are solutions designed to help an employee work within their restrictions.

EMPLOYEE INFORMATION	
Name	Supervisor/Chair
Address (Street, City, State, Zip)	Personal Email & Phone Number

ACCOMMODATION(S) REQUESTED (Be as specific as possible, for example: adaptive equipment, reader, interpreter, training, schedule change, work from home, etc.):

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REASON FOR REQUEST (Please do not disclose your diagnosis; explain your disability-related limitations and how this accommodation will help you do your job.):

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IS YOUR LIMITATION: ___Permanent ___Temporary through _____ (date) ___Unknown

ANTICIPATED DATE OF RECOVERY (if any): _____

I CERTIFY THAT I HAVE A DISABILITY THAT REQUIRES REASONABLE ACCOMMODATION, WHICH WILL BE MET BY THE ACCOMMODATION(S) LISTED ABOVE.

Employee Signature

Date

This completed form must be returned to Human Resources in Building 46 – 151 or SWCADA@swccd.edu