

Grand Rapids Community College Disability Accommodation Request Form

I am requesting that Grand Rapids Community College provide me with a reasonable accommodation to perform the essential function(s) of my job.

EMPLOYEE INFORMATION

Employee Name: _____ Job Title: _____

Campus Address: _____

Home Address: _____

Telephone: (W) _____ (H) _____ (Cell) _____

Department Head/Supervisor (Name/Title): _____

School/Department/Unit: _____ Telephone: _____

DESCRIPTION OF HEALTH CONDITION

I have a diagnosis or chronic condition that may be defined as a disability by the Americans with Disability Act Amendments Act: *(describe the condition requiring an accommodation)*

This condition prevents or has prevented me from performing the following essential functions of my job:

(Attach additional pages, if necessary)

ACCOMMODATION REQUEST

I am requesting the following accommodation(s) that will allow me to perform the essential function(s) of my job (*list possible devices, equipment and alternative methods/procedures*):

(Attach additional pages, if necessary)

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby request a reasonable accommodation due to my disability. I authorize Grand Rapids Community College to review my eligibility and qualifications for an accommodation under the Americans with Disability Act Amendments Act. I understand that all information obtained during this process will be maintained and used in accordance with the ADAAA confidentiality agreement.

I understand that this form will be maintained separately from my official personnel file.

Date _____ Employee's Signature _____

NOTE: Please attach all pertinent medical certification. This documentation is obtained for the specific purpose of determining a reasonable accommodation. Any medical documentation must include certification supporting the need for the requested accommodation.

I have attached a completed Medical Inquiry Form for Request of Accommodation.

and/or

I have attached medical documentation or a statement from my physician which includes a diagnostic statement and recommendations for an accommodation on letterhead.

Grand Rapids Community College
Medical Inquiry Form for Request of Accommodation

Employee Name: _____

The following questions are to help determine whether the employee has a disability under the ADA (i.e. if the person has an impairment that substantially limits one or more major life activities):

What is the nature of the diagnosis? (Be specific) _____

Date of the most current diagnostic evaluation? _____

Date of the original diagnosis? _____

Is the condition expected to be long term or permanent? Yes No

If not permanent, how long will the impairment likely last? _____

Is the employee currently unable to perform the essential job functions with or without an accommodation due to their diagnosis? Yes No

What specific job function(s) is the employee having trouble performing because of their impairment? (Please refer to attached employee job description)

How does the employee's diagnosis interfere with his/her ability to perform the job duties?

Medical Inquiry Form for Request of Accommodation

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Based on essential job functions and the nature of the diagnosis prompting the request what accommodations (if any) are suggested? How would the suggested accommodation allow the employee to perform the essential job functions?

Medical Professional's Signature *Name (please print)* *Date*

Clinic or Company Name *Phone number*

Address *City* *State* *Zip*