

**EMPLOYEE REQUEST FOR REASONABLE
ACCOMMODATION**

Request for reasonable accommodations may be made to the supervisor or the Human Resources Director. Any supervisor receiving this request should consult with the Human Resources Director. All information received by the Human Resource Director pertaining to your request is kept confidential. All medical information is maintained separately from personnel records.

SECTION A

(To be completed by employee and returned to supervisor or the Human Resources Director)

Name	Title
Department	Campus Location

I am requesting the following accommodation(s)

It is necessary for me to have this accommodation for the following reason(s)

Employee Signature	Date
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SECTION B

**Supervisor's Response to Request for an Accommodation
(To be completed by supervisor and returned to the employee)**

I have received your application for an accommodation.

- Approved
- Not Approved

Comments

- No decision has been made at this time. We will continue to assess your request. The College's Human Resource Director will contact you within the next week.

Comments

Supervisor Signature	Date
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SECTION C

Director of Human Resources Response to Request for an Accommodation
(To be completed by the Human Resources Director and returned to the employee)

I have received your application for an accommodation.

- Approved
- Not Approved

Comments

- No decision has been made at this time. We will continue to assess your request.

Comments

Director of Human Resources Signature	Date
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