

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

**REQUEST FOR EMPLOYMENT RELATED ACCOMMODATION
UNDER THE AMERICANS WITH DISABILITIES ACT AND
SECTION 504 OF THE REHABILITATION ACT**

Name: _____

Department: _____ Campus: _____ Ext: _____

Employment Category: Faculty Staff Administrator
(Please Circle One)

Name and title of management supervisor:

Attach a statement from a qualified medical practitioner, which explains restrictions in work duties due to qualified disability.

Describe the current essential functions of your position which you believe you cannot perform without accommodation:

Describe the type of accommodation requested which you believe will allow you to perform the functions of your position:

1. Submit completed request to Suzanne Pfeiffer, Director, Human Resources, ext. 6109
2. After review, your request will be discussed with you and your supervisor.
3. You will be notified in writing of the outcome of your request.

NOTE: If you have any questions regarding your request, please contact Suzanne Pfeiffer, ext. 6109