

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

REQUEST FOR EMPLOYMENT RELATED ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT

Last Name

First Name

Campus

Ext:

It is the policy of Foothill-De Anza Community College District (FHDA) to provide reasonable accommodation for qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA). You may be required to provide documentation in support of your request.

1. Current Position:

Title: _____

2. Reasonable Accommodation Request

What type of accommodation are you requesting?

Modified work schedule

Removal of communications barrier

Job restructure

Change in procedure

Purchase of assisting devices

Reassignment

Removal of architectural barrier

Purchase of assisting services

other

Please describe the requested accommodation:

Please explain how you believe this accommodation will enable you to perform the fundamental functions of your position:

3. Fundamental Job Duties of Your Position

Please identify the fundamental job duties (do not include marginal duties) of your position for which you are requesting accommodation.

1. _____

2. _____

3. _____

4. Health Care Provider

Please provide us with the name of your health care provider(s) who can assist with this request. If you have additional providers who also have information on this matter, please list that information.

Name: _____

Address: _____

Phone: _____ Specialty: _____

Name: _____

Address: _____

Phone: _____ Specialty: _____

5. Major Life Activities

Please check the major life activities you believe to be limited by your medical condition(s):

- P Walking P Caring for Oneself P Breathing P Seeing P Working
- P Talking P Hearing P Learning P Performing P Manual Tasks
- P Other

Please describe how the above activities are limited:

6. Is your medical condition temporary? Yes No

If yes, please state the expected duration: _____

7. Are you currently working? Yes No

If no, please specify the type of leave currently approved: _____

8. Have you previously applied for a reasonable accommodation within FHDA?

Yes No

If yes, please explain the status/circumstances: _____

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

I hereby certify that I believe I am a qualified individual with a disability. I believe I require an accommodation in order to perform the functions of my position. I understand that a detailed review of my disability status and this request for accommodation will be required and I agree to cooperate fully in this process. I further understand that if my request is granted, I am obligated to report any changes in my disability status, which may require a re-evaluation of this request. I also understand that this request for accommodation is pertinent to a particular position within my current department. Granting of this request does not signify approval of any future reasonable accommodation request for any other position within this department or any other department within Foothill-De Anza Community College District.

Signature

Date