

# 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 Kim Chief Elk, 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 Kim Chief Elk, ext. 6109