

CONFIDENTIAL
PIMA COMMUNITY COLLEGE
EMPLOYEE REQUEST FOR JOB ACCOMMODATION UNDER THE ADA

Employees who meet the requirements of the Americans with Disabilities Act (ADA) are entitled to job accommodations. The employee has the obligation to request an accommodation and to submit, in a timely manner (generally 10 work days), appropriate documentation to support the request. The College has the responsibility to provide a reasonable accommodation for those employees determined, from the evaluation of the appropriate professional documentation (i.e., medical, psychological, rehabilitation), to be protected under the ADA unless the accommodation is determined to pose an undue hardship to the College.

Please provide the information below and submit the completed form to the College ADA/504 Coordinator, District Office C-208, mail code DO 1310. If you need help with this form, please contact the ADA/504 Coordinator at 206-4539.

Name _____ Date _____

Title _____ Department _____

Campus/Work Site _____ Telephone _____

Supervisor's Name _____ Telephone _____

Accommodation Requested: _____

Nature of Disability: _____

Essential Job Duties Affected: _____

Major Life Activity Affected: _____

IMPORTANT INFORMATION FOR THE EMPLOYEE:

The documentation must be on official letterhead and include current information as follows:

- 1. The diagnosis and/or classification of the disability. What is the impairment?**
- 2. What major life activity is affected? (Example: walking, seeing, talking, hearing.)**
- 3. How does the impairment substantially limit the major life activity at work and at home?**
- 4. How does the illness/condition limit or affect the employee's ability to perform their job duties?**
- 5. Anticipated duration of the disability.**
- 6. Recommended reasonable accommodations.**

Medical, psychological, rehabilitation, or other appropriate professional documentation establishing proof of disability is required by the College for review and evaluation. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please keep the ADA/504 Coordinator informed of any delays or complications in obtaining this information because failure to provide the appropriate documentation in a timely manner may end the ADA request process. If you have questions related to this request, please call 206-4539.

I have met with the ADA/504 Coordinator to discuss the required documentation and I understand it is my responsibility to provide the information requested on this form to the ADA/504 Coordinator before the College can determine if I am an individual with a disability covered by the ADA.

Employee Signature _____ Date _____

ADA/504 Coordinator _____ Date _____

Name