



The college of you.

Purpose: This form is used by an employee to request a reasonable accommodation.

Employee Information

Name: [Click here to enter text.](#)

Position: [Click here to enter text.](#)

Telephone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Work Location: : District Office CGCC EMCC GWCC GCC MCC PVCC PC RSC
 SCC SMCC MSC SWSC MCOR

Name of Immediate Supervisor: [Click here to enter text.](#)

Name of Department Head: [Click here to enter text.](#)

Questions to Clarify Accommodation Requested

Do you have a physical or mental impairment that substantially limits one or more major life activities (i.e., working, talking seeing, hearing, caring for oneself?) YES NO

If yes, please describe the disability, and indicate what major life activity it limits as well as how it affects the activity. [Click here to enter text.](#)

What, if any, job function(s) are you having difficulty performing? [Click here to enter text.](#)

What, if any, employment benefit are you having difficulty accessing? [Click here to enter text.](#)

What limitation is interfering with your ability to perform your job or access an employment benefit? [Click here to enter text.](#)

How is your limitation(s) interfering with your ability to perform the essential functions of your job? [Click here to enter text.](#)

Have you had any accommodation in the past for this limitation? YES NO

If yes, what was it and how effective was it? [Click here to enter text.](#)

How long was the accommodation provided? [Click here to enter text.](#)

If you are requesting a specific accommodation, how will that accommodation assist you in performing the essential functions of your job? [Click here to enter text.](#)

Please provide any additional information that might be useful in processing your accommodation request:

Click here to enter text.

Signature:

X _____

Date: Click here to enter text.

PLEASE RETURN A COPY OF THIS FORM VIA FAX TO: 480-731-8450 OR EMAIL TO ADASupport@domail.maricopa.edu

All medical information shared with the District through the good faith Interactive Process will be maintained separately from personnel files and in accordance with all federal and state requirements. Furthermore, applicable law also prohibits retaliation against any employee who participates in a protected activity.

The Maricopa County Community College District does not discriminate on the basis of disability in the admissions or access to, or treatment of or employment in, its programs or activities.

Requests for alternate formats can be made by contacting the HR Solutions Center as follows:

Address: 2411 West 14th Street Tempe, AZ 85281-6942
Telephone: 480-731-8777
Email: ADASupport@domail.maricopa.edu