

COLUMBUS STATE

COMMUNITY COLLEGE

Request for Reasonable Accommodation

This form is used to initiate a request for reasonable accommodation under the Americans with Disabilities Act and its Amendments. (ADA/ADAAA). ***Please complete and return this signed request to the Office of Equity and Compliance, SX 144, ATTN: Michael Hicks. Once submitted, you may be contacted for additional information.***

Employee or Applicant Information

Name: _____ CID #: _____ CSCC Office Extension: _____

Primary Phone Number: () _____ - _____ Email address: _____@csc.edu

Job Title: _____ Department: _____

Name, Address, Phone & Fax of Healthcare Provider(s) treating you for this condition:

Disability and Accommodation Information – Please provide the following information. Use additional pages or provide documentation as needed.

1. Identify your disability and describe the nature of the mental or physical condition(s) for which you are seeking accommodation.

2. What is the expected duration of this condition(s)?

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3. Describe how your condition(s) substantially limits one or more major life activities (seeing, hearing, walking, concentrating, etc.), including major bodily functions (bladder, cardiovascular, digestive, immune, etc.).
4. What, if any, essential job function(s) are you having difficulty performing due to this condition?
5. What, if any, employment benefit are you having difficulty accessing (parking, food services, attending on-campus workshops and/or activities, etc.)?
6. How does this condition impact or interfere with your ability to perform your essential job functions or access employment benefits?

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7. Specify the accommodation(s) you are requesting, and how it will allow you to perform the essential functions of your job?

8. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain or attach information.

9. Have you had any accommodations in the past for this same condition?

Yes_____ No_____ If yes, please provide details of past accommodations.

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

Acknowledgment

I certify that the above information is true and correct and accurately reflects the condition for which I am making a request for a reasonable accommodation.

I understand that I may need to complete an **Authorization for the Release or Use of Protected Health Information (PHI)** and provide a Medical Certification Statement(s) to Columbus State Community College for my request to be evaluated. I further understand that a representative of Columbus State will evaluate and respond to me based upon the information that I provide.

Signature

Date



Please Initial here if additional information is attached to this request.

The Office of Equity and Compliance Use Only

Request for Reasonable Accommodation Received: _____

Date _____

Medical Release Received: _____

Date _____

Medical Provider Information Received: _____

Date _____

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