



NASSAU COMMUNITY COLLEGE
REQUEST FOR REASONABLE ACCOMMODATION

Title II of the Americans with Disabilities Act (ADA) of 1990 requires employers to provide reasonable accommodations for qualified employees with disabilities. This form provides standard written documentation of an employee's request for a reasonable accommodation. The form must be completed by the employee and his/her/their Department Head/Supervisor and is to be submitted to the Office of Human Resources at RARRequests@ncc.edu. Completing this form is not a guarantee that the request will be granted. Approved accommodations are subject to review.

Request From: _____ Date: _____

Position/Title: _____ Office Ext: _____

Department: _____ Supervisor: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

PLEASE BRIEFLY ANSWER QUESTIONS 1-5 BELOW: (Continued on page 2 of form).

1. What is your disability? What, if any, job function are you having difficulty performing?

Three horizontal lines for answer 1.

2. How does your disability impact your daily living outside of work?

Three horizontal lines for answer 2.

3. How does the disability impact your ability to perform your duties at work?

Three horizontal lines for answer 3.

4. Describe what you think will help you effectively perform your job and how that accommodation will assist you.

One horizontal line for answer 4.



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5. Please attach your medical documentation for your reasonable accommodation request.

To be completed by Department Head/Supervisor: Would the requested accommodation, if granted, fundamentally alter the position or impact any other employee's job duties or position? Yes [] No []
If yes, please explain and/or provide any other relevant information.
Signed: Department Head/Supervisor Date Print Name: Dept. Head/Supervisor
(The department supervisor is responsible for implementing the accommodation, subject to approval.)

Signature of Employee Print/Type Employee Name Date Reviewed by HR

For Human Resources Use Only:

Action(s) taken:

A. Interactive Process - Meeting held with Requestor and supervisor -- union representatives may be present.

Date Initial Conference Date (if applicable) Initial

Outcome:

B. Granted/Approved C. Disapprove

Office of Human Resources Administrator Date

*Approved accommodations are subject to review, and will require updated medical documentation and an updated request form.