



Employee Request for Reasonable Accommodation

Employee Name: _____ **Job Title:** _____

Date of Request: _____ **Division:** _____

This information will be used by **Central Lakes College** or any other person, including the agency's legal counsel, who is authorized by my employer to handle medical information for ADA/MHRA purposes and, any information concerning my physical or mental condition, that are necessary to determine whether I have a disability as defined by the Americans with Disabilities Act and/or the Minnesota Human Rights Act, and to determine whether any reasonable accommodations can be made. The provision of this information is voluntary however, if you refuse to provide it, your employer may refuse to provide reasonable accommodation.

1. Please describe the nature of you limitations, what life activity(s) it substantially limits, and how this life activity(s) is substantially limited.

2. How does it affect your ability to perform your job?

3. Have any non-essential job functions been eliminated? Please describe.

4. Type of accommodation you are requesting:

<input type="checkbox"/> Making facilities readily accessible	<input type="checkbox"/> Modification of equipment or devices
<input type="checkbox"/> Job restructuring	<input type="checkbox"/> Qualified reader or interpreter
<input type="checkbox"/> Part time or modified work schedule	<input type="checkbox"/> Acquisition of equipment or devices
<input type="checkbox"/> Modification to a rule, policy, or practice	<input type="checkbox"/> Other (specify):

Please describe in detail the accommodation you are requesting:

5. How will the requested accommodation be effective in allowing you to perform the essential functions of your job?

6. Additional Comments:

Employee Signature: _____ Date: _____

REASONABLE ACCOMMODATION AGREEMENT

This form is to be completed by the College's ADA Compliance Officer after the reasonable accommodation decision has been made. The signatures on the bottom of this form indicate consent by the employee and the College to the specific accommodation.

Name of Employee	Name of Administrator
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The request for reasonable accommodation to the needs of the above named employee with a disability was:

ACCEPTED DENIED

Rational for the decision (indicate specific factors considered).

If reasonable accommodation was approved, was the employee's suggestions accepted?

YES NO PARTIALLY

RATIONAL:

DESCRIBE specific accommodation(s) to be made:

COST ESTIMATE:

I have read the employee request for reasonable accommodation. I understand that all tangible accommodations purchased by the College will become the property of the State of Minnesota. I understand that future circumstances may cause this agreement to be changed or cancelled.

Signature of Employee	Date
Signature of ADA Coordinator	Date
Signature of Affirmative Action Officer	Date
_____ Director of Human Resources	_____

Deaf and Hard of Hearing users call Minnesota Relay Service: 800-627-3529 or 612-297-5353.

A copy of the completed form will be attached to the purchase requisition, the original will be on file with the ADA Compliance Officer.