

Employee Name _____

Employee Job Title _____

Americans with Disability Act Reasonable Accommodation Request

To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must (1) be qualified to perform the essential functions of your position and (2) have a qualifying disability that limits a major life function.

Please complete the following information.

Employee Information

Employee Name		Employee Job Title	
Department		Campus Location	
Employee Telephone		Employee Email	
Supervisor's Name		Supervisor's Title	

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected.
Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working.

2. Describe any mitigating measures (medication, assistive technologies such as wheelchairs, etc.) you are using because of the disability, and the effect of those measures on the disability.

3. Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

4. Describe the accommodation you are requesting.

5. Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.

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6. Will you be able to perform all of the essential functions of your job if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.

I hereby authorize the above-listed health care providers and any others who have treated me to release to the New River Community and Technical College Human Resources Department information concerning the disability disclosed herein and provide any opinions to them concerning my ability to perform essential job-related functions with or without reasonable accommodation.

I certify that I have read and reviewed the job description for my job or the job I am seeking and/or have been informed of the essential functions of my job. I further certify that the foregoing statements are complete, accurate, and true to the best of my knowledge, and I understand New River may require me to undergo testing or evaluation by medical personnel retained by New River for the purpose of establishing the existence and extent of my disability, illness, condition, or disease and my ability to perform essential job-related functions with or without reasonable accommodation.

Employee's/Applicant's Signature _____ Date _____