

## VOLUNTARY REQUEST FOR REASONABLE ACCOMMODATION

*To be completed by the employee or prospective employee.*

If you have a disability that is covered (protected) under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973, or other applicable state laws, and you are a qualified individual, you are entitled to request a reasonable accommodation. A reasonable accommodation will be provided to the extent that it does not pose an undue hardship and may be requested for the following purposes: to complete the employment application process; to perform essential job functions; to have equivalent benefits and privileges as non-disabled employees; or to obtain evacuation assistance in an emergency.

Advance notice is usually required to fulfill Reasonable Accommodation requests. However, a response to immediate need for accommodation will be made to the fullest extent feasible.

In response to this request for reasonable accommodation, Five Colleges, Incorporated (FCI) may request certification from a health care provider verifying that an accommodation is necessary.

**DATE** \_\_\_\_\_

**ROLE** ☐ Employee ☐ Prospective Employee ☐ Other \_\_\_\_\_

**NAME** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

**FCI UNIT** \_\_\_\_\_

**SUPERVISOR NAME** \_\_\_\_\_

**FCI EMAIL** \_\_\_\_\_

**PERSONAL EMAIL** \_\_\_\_\_

**PERSONAL PHONE** \_\_\_\_\_

### NO ACCOMMODATIONS REQUESTED

- ☐ I am not requesting any accommodations at this time. *(skip to certification on page 3)*

### REASON FOR ACCOMMODATIONS REQUEST *(check all that apply)*

- ☐ To complete the employment application process
- ☐ To perform essential job functions
- ☐ To have equivalent benefits and privileges of non-disabled employees
- ☐ To obtain evacuation assistance in time of emergency

## LIMITATIONS

Please do not disclose your diagnosis\*; instead, explain how your disability-related limitations interfere with your ability to perform your job functions or to access employee benefits or to complete the job application process. Respond to the following questions, as applicable:

- Which specific job functions do you have difficulty in performing? How would this accommodation help you do your job?
- What, if any, employment benefits are you having difficulty accessing?
- What about the hiring process will be problematic for you (e.g., submitting the application, communicating during an interview, accessing the facility)?

\* The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## ACCOMMODATION REQUEST

What accommodation(s) are you requesting? Be as specific as possible (for example, adaptive equipment, interpreter, training, schedule change, etc.). If you are not sure what accommodation is needed, what suggestions do you have about options to explore?

Have you had any accommodations in the past for this same limitation?

- ☐ No ☐ Yes - If yes, what were they and how effective were they?

How long do you anticipate needing this accommodation?

- ☐ Short-term ☐ Ongoing ☐ Unknown

Anticipated recovery date (if applicable): \_\_\_\_\_

## **CERTIFICATION**

I certify that the information contained on this form and submitted with this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

## **RETURN THIS COMPLETED FORM**

**IN A SEALED ENVELOPE TO:** Shonda Pettiford, Director of Operations, Five Colleges, Incorporated, 97 Spring Street, Amherst, MA 01002. Mark the envelope **CONFIDENTIAL**. **OR**

**VIA EMAIL TO:** [Shonda Pettiford](mailto:spettiford@fivecolleges.edu) (spettiford@fivecolleges.edu), subject line: Request for Accommodations