CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Accommodation Request Form

This form must be completed in order for a qualified disabled employee of the District to formally request a reasonable accommodation(s). Your request will be processed as confidential in accordance with applicable law. As the employer, the District is ultimately responsible for determining what a reasonable accommodation is by reviewing all of the pertinent information and the needs of each employee on a case-by-case basis.

Your request for reasonable accommodations will be reviewed and you will be notified by the District's decision in a reasonable time after this form is received by the ADA Coordinator (Human Resources - Benefits Office).

PERSONAL INFORMATION: (The following to be completed by the employee)

Date:_____

Location: ❑ Chabot College ❑ Las Positas College ❑ District Office

Faculty
- ❑ Full-time (Regular)
- ❑ Part-time

Classified
- ❑ Full-time (Regular)
- ❑ Confidential
- ❑ Supervisory

Management
- ❑ Administrator

(Please Print)

Name: _____
(Last) (First) (MI)

W #:_____

Residential address: _____
(Street Address / Apt #) (City) (State/Zip)

Phone #: (_____) _____ Alternate phone #: (_____) _____

Current Position: _____ Division/Dept: _____

REASONABLE ACCOMMODATION REQUEST

What type of accommodation(s) do you need?

- ❑ Modified work schedule
- ❑ Change in procedure
- ❑ Purchase assistive device
- ❑ Removal of communication barrier
- ❑ Purchase of assistive services
- ❑ Removal of architectural barrier
- ❑ Job Restructuring
- ❑ Reassignment
- ❑ Other

Please describe the accommodations requested: (use extra sheets if needed)

_____

_____

_____

_____

Please explain how you believe this accommodation will enable you to perform the essential functions of your position: (use extra sheets if needed)

_____

_____

_____

_____

_____

_____

ESSENTIAL DUTIES OF YOUR POSITION

Please identify the essential duties (do not include marginal duties) of your position for which you are requesting an accommodation:

1. _____
2. _____
3. _____
4. _____
5. _____

HEALTH CARE PROVIDER (Fill this out if the District deems your verification of the disability to be insufficient)

Please provide us with the name of your health care provider(s) who can assist with this request: (use extra sheets if needed) (written permission must be granted for us to contact)

Name: _____

Address: _____

Phone #: (_____) _____ Specialty: _____

MAJOR LIFE ACTIVITIES

Please check the major life activity(ies) you believe to be limited by your medical condition(s):

❑ Walking	❑ Breathing	❑ Seeing	❑ Caring for Oneself	❑ Talking
❑ Hearing	❑ Learning	❑ Working	❑ Performing Manual Tasks	❑ Other

Please describe how the above activity(ies) is/are limited:

_____

_____

_____

_____

_____

_____

Is your medical condition temporary? ❑ Yes ❑ No

If yes, please state the expected duration:

_____

_____

_____

Are you currently working? ❑ Yes ❑ No

If no, please specify the type of leave currently approved and when do you expect to return to work?

_____

_____

_____

I hereby certify that I believe I am a qualified individual with a disability as defined by the law. I have received and reviewed the information brochure and require an accommodation to perform the essential functions of my position. I understand that a detailed review of my disability status may be required, and I agree to cooperate fully in this process. I further understand that if my request is granted, I am obligated to report any changes in my disability status which may require a re-evaluation of this request. Granting of this request does not signify approval of any future reasonable accommodation request for any other position within the District or if applicable, any department within the County of Alameda.

Employee's Signature: _____ Date: ____/____/____

Return this completed form to:

Human Resources – Benefits Office
Chabot-Las Positas Community College District
7600 Dublin Boulevard, 3rd Floor
Dublin CA 94568

For additional information, please contact the Human Resources, Benefits Office at (925) 485-5513.

Reference: Article 9M.1 – Faculty Collective Bargaining Agreement