To request accommodations such as assistive equipment, facility modifications, etc.

Date of Request:
Name of Employee Requesting Accommodation: (Last, First, Middle Name)

Employee ID#	Best phone # to call:

Accommodation Requested:
On a separate sheet of paper, please record a description of the job duties, barrier, facility or program requiring accommodation. Describe how it limits your ability to participate in a program or to perform employment tasks. Attach to this form. Return to the Human Resources Office.

PCCUA Human Resources Use Only:
Concurrence with the accommodation(s) requested by the employee: ☐ Yes ☐ No
Department's suggestions for accommodations, please explain:
Final resolution of the employee's request for accommodations by the employee and PCCUA:
I accept the accommodation(s) identified above and offered to me by the College and agree that they are accommodations that I feel will assist me in performing the essential functions of my job.

Employee Signature:	Supervisor's Signature:

NOTE to Supervisors:
To ensure that all requests for reasonable accommodations are given full consideration, supervisors may not deny an accommodation without further review by PCCUA officials charged with ensuring compliance with the Americans with Disabilities Act. If you feel you cannot meet the accommodation, believe that the accommodation request is unreasonable or presents an undue hardship for the College, need additional assistance in evaluating the accommodation or need resources not available in your department to provide the accommodation for staff, or faculty please contact the Department of Human Resources.

A Note on Confidentiality: Disability-related documents must be kept confidential. *Departments or individuals should not keep any copies of such documentation within department or offices.* Any existing information related to disability, including medical reports, should be forwarded in an envelope marked *Confidential* to the Department of Human Resources.