

CONFIDENTIAL

REASONABLE ACCOMMODATION REQUEST FORM

To be completed by employee or job applicant requesting an accommodation. Send to:

Rosa Rodríguez, Chief Diversity Officer, Office of Diversity and Equity, Davidson Hall, Room 102, 1615 Stanley Street, New Britain, CT 06050

This form must be used by University employees and/or applicants for employment who believe they have a disability and wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA) or other applicable State and Federal civil rights laws. By considering this request, the University does not consider or regard the person making the request as having a disability as defined by the ADA, the Connecticut Fair Employment Practices Act, or any other applicable law.

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for an employee or applicant for employment. This form **must** be maintained separately from the employee's personnel file and is a **confidential** document.

Fill out all sections that apply to you.

Name: _____ Date of Request _____

Job Title/Classification: _____ Phone #: _____

Supervisor's Name: _____ Phone #: _____

Department/Unit: _____

If job applicant, for what position are you applying? _____

1. Identify the physical and/or mental impairment(s) for which you are requesting an accommodation and expected prognosis/duration of the impairment(s).
2. Explain how the impairment(s) listed in #1 affects your ability to perform the essential function(s) of the job/job applying for.
3. List the accommodation(s) you are requesting.

4. Medical verification of impairment from my physician or health care provider (check the appropriate box):

I have enclosed the documentation for this request.

The disability and the need for reasonable accommodation is obvious and no medical documentation is needed. Explain:

I, _____, give Central Connecticut State University permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

Signature of Requestor

Date

To Be Completed By the ADA Coordinator

Accommodation Request is: Approved ____ Denied ____ Modified ____ (Explain below)

Comments:

Signature of ADA Coordinator: _____ Date: _____

Reviewed by: _____ Date: _____