



COMMUNITY COLLEGE
OF RHODE ISLAND

Office of Human Resources

REASONABLE ACCOMMODATION REQUEST FORM

Name: _____ Position: _____

Department: _____

To request a reasonable accommodation at the Community College of Rhode Island, an employee should complete this form and provide written documentation by his/her physician(s) that describes the disability and specific accommodation requested. The Reasonable Accommodation Request Form and Disability Verification Form must be sent to the Office of Human Resources. This information will be kept separate from the employee's personnel file.

The purpose of this form is to assist the Community College of Rhode Island in determining whether or to what extent a reasonable accommodation is required for an employee to perform the essential functions of his or her job safely and effectively. If additional space is needed, please attach a separate sheet of paper.

To Be Completed by Employee

1. Identify and describe the physical or mental disability, illness, condition or disease which is the basis for your request for reasonable accommodation(s):

2. Identify and describe the essential function(s) of your position which you are unable to perform without reasonable accommodation(s):

Knight Campus

400 East Avenue, Warwick, RI 02886-1807 P: 401.825.2311 F: 401.825.2345

3. Identify and describe the reasonable accommodation(s) you believe is (are) needed to enable you to perform the essential functions of your position properly and safely, including special equipment, changes in the physical layout of the job or other accommodations.

4. Identify and describe any special methods, skills, or procedures which would enable you to perform the essential functions of the position:

5. Identify and describe any equipment, aids, or services that you are willing to provide and utilize: