

Reasonable Accommodation Request

Randolph College

Employee Name: _____ Date: _____

Position at College: _____

This form should be completed when an employee has indicated his or her desire to request a Reasonable Accommodation from Randolph College. Upon completion, this form must be sent to the College's Human Resources Department and will be stored in the employee's medical file [separate and apart from the employee's personnel file].

The purpose of this form is to assist the College 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 in a safe and effective manner; or access the benefits and privileges of employment.

1. Identify and describe the physical or mental impairment which is the basis for your request for reasonable accommodations(s) by the College:

See definition of "disability" on reverse side, which includes certain physical or mental impairments.

2. Identify and describe the essential functions(s) of your job which you are unable to perform, or the employment benefit you are unable to access, without a reasonable accommodation(s) by the College:

See definition of "reasonable accommodation" on reverse side.

3. Identify and describe the reasonable accommodation(s) you are requesting to enable you to perform the essential functions of your job safely and effectively, or to access an employment benefit. Please include any adaptive equipment, methods, procedures, or other accommodations you are requesting from the College.

4. If the reasonable accommodation requested is time sensitive or temporary, please explain:

5. Identify the names and addresses of physicians, therapists, psychologists or other health care providers who have information or documentation concerning your physical or mental impairment which is the basis for this reasonable accommodation request.

Randolph College may require documentation from the health care provider to verify the physical or mental impairment and any job-related functional limitations such as whether the employee needs the requested accommodation as a result of the impairment.

I hereby authorize the above-listed health care providers and any others who have treated me to release to Randolph College any relevant health records concerning the physical or mental impairment disclosed herein, and to provide information as necessary concerning my ability to perform job-related function, or access an employment benefit, with or without a reasonable accommodation(s).

These health records will remain confidential except under the following circumstances:

- Supervisors and managers who need to know may be told about any necessary restriction[s] on the work or duties of the employee and about the necessary accommodation[s]; and
- First aid and safety personnel may be told if emergency treatment might be required; and
- The information may in certain circumstances be disclosed to workers' compensation offices or insurance carriers; and
- The information may be provided to government officials or others as necessary to comply with applicable law.

I certify that I have read and reviewed the job description for my job or position and/or been informed of the essential functions of my job. I further certify that the foregoing statements are complete, accurate and true to the best of my knowledge, and I understand that a misstatement or omission of fact may be cause for dismissal.

I also understand that the college may require me to undergo testing or evaluation by a health professional retained by the college for the purpose of verifying the existence and extent of my physical or mental impairment and my ability to perform essential, job-related functions, or access employment benefits, with or without reasonable accommodation(s).

Requesting Employee Signature

Date

Definitions: *These definitions are provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definitions of these terms or impose obligations on the college not required by law.*

“Disability” includes a physical or mental impairment that substantially limits one or more major life activities. examples of major life activities may include such things as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, sitting, reaching, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. a major life activity also may include the operation of a major bodily function, including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

“Reasonable accommodation” may include any modification to the job or work environment to enable an employee to perform the essential functions of the job in question, or to access an employment benefit.