

Confidential

Reasonable Accommodation Request Form

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 with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

Employee's Name

Today's Date:

Job Title:

Department/Office:

Request Date:

Telephone Number:

I give the State University of New York College at Cortland permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act and the New York Human Rights Law. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements of those statutes.

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation. (attach additional sheets if necessary).

1. What are the limitations caused by your condition(s) that you are currently experiencing? (What is getting in the way of you doing your job?)
2. Given your limitations, what parts of your assigned job duties (essential functions) are impeded by your condition? (What part of your job is being affected?)
3. In order to get us thinking about effective accommodation(s), tell us what accommodation(s) you envision to make it possible for you to continue to do the job well.

Please return completed form to Amber Aldrich, Employee Relations Specialist/ADA Coordinator and Designee for Reasonable Accommodation (DRA) for SUNY Cortland

Fax: 607-753-5994

Email: "mailto:"amber.aldrich@cortland.edu

Location: Miller Building, Room 302