



EMERSON COLLEGE

EMPLOYEE REASONABLE ACCOMMODATION REQUEST FORM

Emerson College is committed to providing reasonable accommodation to qualified employees who are disabled and need assistance to perform the essential functions of their position. The essential functions of each employee's position are in his/her job description which is available in the Office of Human Resources. To request a reasonable accommodation, please provide the information requested below and submit the completed form to Donna Sutherland, Associate Director, Benefits in the Office of Human Resources and Affirmative Action.

This form, and all information provided pursuant to this request will be maintained by the Office of Human Resources and Affirmative Action in a separate confidential file.

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Name: _____

Position: _____

Campus Extension: _____

Department: _____

Immediate Supervisor: _____

Part 1: Questions regarding your disability.

Please describe your disability.

What essential job function(s) do you find difficult to perform? (please refer to your job description for your essential functions):

How is your disability interfering with your ability to perform the essential functions of your position?

Have you had any accommodation at Emerson or elsewhere in the past for this same disability?
Yes _____ No _____

If yes, what were they and how effective were they?

Part 2: Questions regarding accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation you need, do you have any suggestions?
Yes _____ No _____

If yes, please explain.



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Part 3: Medical Documentation

To assist the College in evaluating your request, please have your doctor complete the attached *Accommodation Request Medical Statement* form and submit the completed form to HR/AA. This medical information will assist the College to determine whether (1) you meet the criteria of individual with a disability or handicap (2) whether a reasonable accommodation would enable you to fulfill the essential functions of your position. Medical documentation must be submitted in support of all requests for accommodation.

Is a completed Accommodation Request Medical Statement attached to this request?

Yes _____ No _____

If no, please explain.

Part 3: Other

Please provide any additional information that might be useful in processing your accommodation request:

I am hereby requesting a reasonable accommodation due to my disability. I grant permission to the Office of HR/AA and the individuals and third parties identified by Donna Sutherland, Associate Director, Benefits as necessary participants in the decision making process to review the pertinent information I have provided and discuss this matter with me and my health professional(s).

Employee Signature: _____ Date: _____