

**CONTRA COSTA COMMUNITY COLLEGE DISTRICT
REQUEST FOR REASONABLE ACCOMMODATION — EMPLOYEE**

This form must be completed in order for a qualified disabled employee of the District to request reasonable accommodation to perform the essential functions of their position or to enjoy privileges or benefits of employment equivalent to non-disabled employees.

Your request for reasonable accommodation will be reviewed by District Human Resources in accordance with Human Resources Procedure 1080.05, in conjunction with other management staff as appropriate. You will be notified of the District's decision in a reasonable time after this form is received in the District Human Resources Office.

Name: _____ SSN#: _____
(Please print)

Address: _____

City/State/Zip: _____

Telephone: _____ (work) _____

Current position/Location: _____

Reasonable accommodation is required for the following job functions or privileges/benefits of employment:

(Attach additional sheets if necessary)

In order to perform the job functions listed above or enjoy the privileges/benefits of employment, I will need reasonable accommodation, and request that the District do the following: (Describe)

(Attach additional sheets if necessary)

NOTE: In order for your request to be considered, you must attach the District's Medical Verification Form completed by your physician.

Signature: _____ Date: _____
(Employee)

<i>To be completed by employee/applicant:</i> [Please print or type]	
Name:	Position:
<i>To be completed by physician/psychiatrist:</i> [Please print or type]	
<p>The medical information below is requested by the Contra Costa Community College District so that the District may evaluate a request for reasonable accommodation made by the above employee/applicant under the Americans with Disabilities Act ("ADA") and related state law. The District seeks information to help it determine whether the employee/applicant has a "covered disability" and the nature and extent of the employee/applicant's "functional limitations." Under the ADA, a "disability" is defined as "a physical or mental impairment which limits one or more major life activities." Examples of major life activities include performing manual tasks, walking, seeing, hearing, speaking, learning, and working.</p>	
<p>1. Does employee/applicant have a physical or mental impairment which in your opinion limits one or more major life activities? Yes ___ No ___ <i>(Do not state the medical cause/diagnosis of the impairment.)</i></p>	
<p>2. What major life activities are limited?</p>	
<p>3. What is the probable duration of the impairment?</p>	
<p>4. What functional limitations does the impairment place on the employee/applicant's ability to perform the essential job functions of the position or on the applicant's ability to complete the job application and selection process? (See attached job description. Attach additional sheets if necessary.)</p>	
<p>5. In your opinion, would the employment of the above person pose a significant risk of harm to himself/herself/or other persons? Yes ___ No ___</p>	
<p>6. If your answer to number 5 is "Yes," what is the specific risk involved? The duration of the risk? The nature and severity of the potential harm? The likelihood that the potential harm will occur? The imminence of the potential harm? What reasonable accommodations, if any, could eliminate the risk or reduce it to an acceptable level?</p>	
<p>7. Please state any suggestions you may have as to how the employee/applicant can perform the essential job functions of position with accommodations provided by the District or how the applicant can complete the job application and selection process with accommodations? (Attach additional sheets if necessary.)</p>	
<p>Physician/Psychiatrist's Name: (Print)</p>	
<p>Business Address/Telephone Number:</p>	
Signature:	Date:

REASONABLE ACCOMMODATION REQUESTS UNDER THE AMERICANS WITH DISABILITIES ACT

Employee Accommodation Requests

A. Informal Process

An employee who requests accommodation due to a claimed disability may discuss the request informally with their manager. The manager, in concert with District Human Resources, may make reasonable accommodation(s) deemed appropriate as long as the employee can continue to perform the essential functions of the position and the accommodation does not impose an undue financial hardship on the District. At the District's discretion, such accommodations may be made with or without medical documentation of the claimed disability. Such accommodations are made in an effort to comply with the intent of the American's With Disabilities Act and related laws. The making of an accommodation for a particular employee does not obligate the District to make reasonable accommodations in the future for the same or similarly situated employee. If the employee is not satisfied with the informal resolution, the employee may proceed to the Formal Process.

B. Formal Process

The employee must complete the District form entitled, Request for Reasonable Accommodation. These forms are available from the District Human Resources Office or from the manager. The form must be returned to the District Human Resources Office, Contra Costa Community College District, 500 Court Street, Martinez, CA 94553.

An employee requesting reasonable accommodation must submit with his/her request, documentation from their physician confirming their disability. The District reserves the right to require that the employee's need for accommodation be verified by a District-approved occupational physician at the District's expense. Both physicians must supply specific work restrictions.

Upon receiving the required paperwork from the employee, the District Human Resources Office will make a determination as to whether the employee qualifies for reasonable accommodation. If the employee qualifies for reasonable accommodation, District Human Resources, in consultation with the appropriate manager, Director of Business Services and other appropriate management personnel, shall consider the employee's request in the following manner. (Rehabilitation agencies, disability constituent organizations and employee representatives may be consulted for assistance in this process.)

- 1 . Analyze the particular job involved, including the essential functions, physical demands, qualifications standards, object manipulation, mental and psychological demands, communications, sensory demands, environmental conditions, operational conditions, and work setting.
2. Arrange a meeting between the employee and District Human Resources and any other relevant parties to convene the interactive process under the ADA.
3. The interactive process compares each point in the job analysis against the work restrictions. At the end of this process a determination is made whether the accommodation can be made or not.

4. In order for an accommodation to be made, it must be clear that the employee can meet all the essential functions of the position and still be able to work within all of the work restrictions imposed by the physician. If it is not possible to complete all of the essential functions of the position and still stay within the work restrictions, then the accommodation is denied.
5. If consensus is reached, the accommodation will be memorialized in writing and sent to the employee and appropriate management personnel. A copy of the agreed-upon accommodation will be placed with the employee's medical records in a separate envelope within the employee's personnel file;
6. District Human Resources will notify the employee in writing of the District's final decision regarding his/her request for reasonable accommodation, if consensus is not reached.

District efforts to process a request for reasonable accommodation will be suspended if the employee fails to adhere to the above stated process.

An employee who is dissatisfied with the District's decision may file a Complaint of Unlawful Discrimination with the Director of Human Resources. Copies of the complaint forms are available at the District Human Resources Office at 500 Court Street, Martinez, CA 94553.