



Request for ADA Reasonable Accommodation

Instructions

This form is designed to assist faculty, staff, and applicants in requesting a reasonable accommodation. The form must be completed whenever a faculty, staff, or applicant requests an accommodation.

Completed forms are to be submitted to LCC Human Resources, Administration Building Suite 103, Mail Code 8041. If you need assistance in completing this form, please call Human Resources at 517.483.1870.

Employee Name _____
(Last) (First) (Middle)

Employee Banner ID _____ Job Title _____

Department _____ Supervisor Name _____

Are you able to perform the essential functions of your job ____ with or ____ without accommodation?
____ Yes ____ No

What is the nature of your physical or mental disability, and how does it affect your ability to do your job?

Please help the College in determining what reasonable accommodation might be provided by identifying (1) any special methods, skills, or procedures that would enable you to perform tasks or functions that you otherwise might not be able to perform because of your disability

(2) the potential accommodations the College might make that would enable you to perform the essential functions of the job properly and safely, including special equipment, changes in the physical layout of the job, or other accommodations

(3) any equipment, aids, or services that you are willing to provide and utilize that the College is not required to provide.

Have you attached a completed Medical Documentation for Reasonable Accommodation Form?

Yes _____ No _____

If no, please indicate when form will be provided to Human Resources _____

Employee Signature _____ Date _____

For Human Resources Use Only

I have reviewed the Accommodation Request and have determined that the request ___ is or ___ is not complete and indicates a need for an accommodation under the ADA.

Comments:

There ___ is or ___ is not a reasonable accommodation that would enable the employee to perform the essential functions of the job.

Comments:

Define the accommodation identified:

Estimated acquisition/installation cost is \$_____ (attach relevant documentation)

Additional Comments:

Human Resources Signature _____ Date _____