

GRCC Disability Accommodation Request Form

Part 1: Employee Request

I am requesting that Grand Rapids Community College provide me with a reasonable accommodation to perform the essential function(s) of my job.

Employee Information

Employee Name: _____

Campus Street Address: _____

Job Title: _____ Campus Phone: _____

Department Head/Supervisor Name: _____ Title: _____

School/Department/Unit: _____ Phone: _____

Residential Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Description of Health Condition

I have a diagnosis or chronic condition that may be defined as a disability by the Americans with Disability Act or the ADA Amendments Act. Describe the condition requiring an accommodation:

This condition prevents or has prevented me from performing the following essential functions of my job:

Accommodation Request

I am requesting the following accommodation(s) that will allow me to perform the essential function(s) of my job. List possible devices, equipment and alternative methods/procedures. (Attach additional pages, if necessary.):

Disability Accommodation Request Form

Authorization and Acknowledgement

Please attach all pertinent medical certification. This documentation is obtained for the specific purpose of determining a reasonable accommodation. Any medical documentation must include certification supporting the need for the requested accommodation.

I have attached a completed Medical Inquiry for Accommodation Request Form,

AND/OR

I have attached medical documentation or a statement from my physician which includes a diagnostic statement and recommendations for an accommodation on letterhead.

I hereby request a reasonable accommodation due to my disability. I authorize Grand Rapids Community College to review my eligibility and qualifications for an accommodation under the Americans with Disabilities Act and ADA Amendments Act, jointly referred to as "ADA". I understand that all information obtained during this process will be maintained and used in accordance with the ADA confidentiality requirements. **I understand that this form will be maintained separately from my official personnel file.**

Employee's Signature: _____ Date: _____

GRCC Medical Inquiry for Accommodation Request Form

Part 2: Medical Professional Request

Employee Name: _____

Questions to Determine Disability (Completed by medical professional.)

The following questions are to help determine whether the employee has a disability under the Americans with Disabilities Act or the ADA Amendments Act, i.e. if the person has an impairment that substantially limits one or more major life activities.

What is the nature of the diagnosis? Be specific:

Date of the most current diagnostic evaluation: _____ Date of the original diagnosis: _____

Is the condition expected to be either long term or permanent?: Yes No

If not permanent, how long will the impairment likely last: _____

Is the employee currently unable to perform the essential job functions with or without an accommodation due to their diagnosis?:
Yes No

What specific job function(s) is the employee having trouble performing because of their impairment? (Please refer to attached employee job description.):

How does the employee's diagnosis interfere with his/her/their ability to perform the job duties?:

Based on essential job functions and the nature of the diagnosis prompting the request, what accommodations (if any) are suggested?:

Medical Inquiry for Accommodation Request Form

How would the suggested accommodation allow the employee to perform the essential job functions?:

Medical Professional Authorization

Name: _____

Medical Professional Signature: _____ Date: _____

Clinic or Company Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Submission Instructions

Please return these forms and any additional pages to:

Print and mail OR return to:

Office of General Counsel

Attn: ADA Coordinator

Bostwick Office Suites (lower level of the Bostwick Parking Ramp)

140 Bostwick NE

Grand Rapids, MI 49503-3295

OR scan/email to:

ada@grcc.edu