



# San Diego Community College District Employee Disability Accommodation Request Form

[Use for requests for all permanent accommodations and non-workers' compensation temporary accommodations]

## Employee Information

Employee name (last, first) \_\_\_\_\_

Job Title \_\_\_\_\_

Emp. ID No. \_\_\_\_\_

Location \_\_\_\_\_

Assigned Schedule (days, hours) \_\_\_\_\_

Date Submitted \_\_\_\_\_

Please describe the specific accommodation you are requesting, and the beginning and end date pertaining to this. **Attach** the signed statement\* from your treating medical provider. **\*Important: Medical statement must provide (1) specific limitations that relate to your work assignment, and (2) the duration of the restrictions - start date and end date (even if "end" date is merely the date of your next medical appointment for reassessment or continuation noted on newly dated medical statement).**

Temporary Accommodation? YES  NO  Dates from \_\_\_\_\_ to \_\_\_\_\_.

Permanent Accommodation? YES  NO

Describe Accommodation Requested: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP I - Supervisor Level      Supervisor met with employee to discuss accommodation on date: \_\_\_\_\_

1. Did the employee initiate the request? YES  NO
2. Does the supervisor concur with the employee-requested accommodation? YES  NO
3. If no, what is the supervisor's suggested alternative accommodation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Employee Response:

- I accept the accommodation
- I appeal the decision of the supervisor
- I decline *any* accommodation

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SDCCD EMPLOYEE DISABILITY ACCOMMODATION REQUEST**

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**STEP II - Manager Level**

Manager met with employee to discuss accommodation on date: \_\_\_\_\_

1. Results of accommodation request as follows:

- Approved employee's request, or
- Approved supervisor's alternative recommendation, or
- If no, what is the manager's suggested alternative accommodation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- No accommodation is granted for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Employee Response:**

- I accept the accommodation
- I appeal the decision of the manager
- I decline *any* accommodation

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**STEP III - District's ADA Accommodation Committee Results**

Resolution \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodation Committee Signatures:

\_\_\_\_\_  
Director of Employment (Co-Chair)      Date

\_\_\_\_\_  
Risk Manager (Co-Chair)      Date

\_\_\_\_\_  
Accommodation Comm. Member      Date

\_\_\_\_\_  
Accommodation Comm. Member      Date