



HARVEY MUDD COLLEGE

REASONABLE ACCOMMODATION REQUEST FORM

The following information is needed to consider a request for employment related accommodation(s). All requests are treated as confidential information and will be considered on a case-by-case basis. Reasonable accommodations are defined as those changes or adaptations which enables a qualified employee or applicant for employment with a disability to participate in the employment application process, to perform essential job functions, or to access a benefit of employment. In most cases, you will be asked to provide documentation of your disability from a qualified medical professional.* *Please feel free to attach additional pages if necessary.*

Check one: Applicant Employee

Name _____ Phone _____

School/Department _____ Position _____

1. Identify and describe any limitations on your ability to apply for employment, perform essential job functions, or interfere with your ability to access job benefits? **YOU NEED NOT DISCLOSE THE NATURE OF THE DISABILITY OR INFORMATION REGARDING AN UNDERLYING MEDICAL DIAGNOSIS.**

2. Identify and describe the essential function(s) of your job (or the job you are applying for) which you are unable to perform or a benefit(s) of employment you are unable to access without reasonable accommodation(s):

3. Is the need for accommodation permanent or temporary [if temporary, expected duration _____]?



4. Identify and describe the reasonable accommodation(s) needed to participate in the employment application process, enable you to properly and/or safely perform the essential functions of your job (or the job you are applying for), or access a benefit(s) of employment:

5. If you are not sure what accommodation is needed do you have any suggestions about what options we can explore?

* Disability” includes a physical or mental impairment or medical condition that limits one or more major life activities, having a record or history of such impairment, or being perceived or regarded as having such impairment. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning, and working. This definition is provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definitions of this term or impose obligations on HMC not required by law.

6. Identify the name, address and telephone number(s) of the licensed physician, other qualified medical professional, or individual who can help us determine the appropriate reasonable accommodation based on your current limitations:

7. Please provide any additional information that might help us evaluate your request:

Signature _____ Date: _____