

**Portland Community College
Reasonable Accommodation Request Form**

A. Employee Information

Name:

ID #: G

Campus Address:

Day Phone #:

Employee email:

Date:

Job Title:

Dept./Supervisor:

Phone #:

Supv. email:

B. Reason for Accommodation Request

Describe the job duties or functions you are having difficulty performing.

Are you having difficulty accessing other employment related activities or benefits? If yes, please explain.

Do you have a physical or mental impairment that is limiting your ability to perform your job duties or access other activities/benefits? If yes, please explain.

C. Accommodation Being Requested

What specific accommodation are you requesting?

If you are requesting a specific accommodation, how will that accommodation assist you?

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

Is your accommodation request time sensitive? If yes, please explain.

D. Other or Additional Information (If you have questions about this process, please contact María Méndez at adacoordinator@pcc.edu or (971) 722-5851)

Check all that apply:

- Please attach the *Medical Inquiry Form in Response to an Employee Accommodation Request*, which should be completed by your medical provider.
- Attach your medical provider's diagnostic statement (on letterhead), which identifies your impairment.
- You may also provide any additional information that might be useful in processing your request for accommodation

Employee Signature

Date

Return this form to: María Méndez, ADA Coordinator

Mailing Address:

PCC Human Resources
P.O. Box 19000,
Portland, Oregon 97280

You may also fax to: 971-722-5025

Questions?: Please call (971) 722-5851