

PORTLAND COMMUNITY COLLEGE REQUEST FOR ACCOMMODATION

(To be completed by the employee)

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A. Employee Information:

Name:

Date:

SSN or ID:

Position:

Campus Address:

Supervisor/Department:

Day Phone:

Employee e-mail:

B. Questions to clarify accommodation requested.

What accommodation are you requesting? Please be specific, including any auxiliary aids, barrier removal or services that can be provided.

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

Yes

No

If yes, please explain.

Is your accommodation request time sensitive?

Yes

No

If yes, please explain.

C. Questions to document the reason for the accommodation request.

What, if any, job function(s) are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

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What limitation (as a result of a disability) is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same condition? Yes No

If yes, what were the accommodations and how effective were they?

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

D. Other (If you have any questions about this process, please contact María Méndez at adacoordinator@pcc.edu or (503) 978-5851)

Please attach the "Medical Inquiry Form in Response to an Accommodation Request" completed by your physician. This documentation will be necessary in order to evaluate your request for accommodation. (check if attached)

In addition to the "Medical Inquiry Form", your physician should provide a diagnostic statement, on letterhead, identifying your impairment, the date of the most current diagnostic evaluation and the date of the original diagnosis. (check if attached)

You are welcome to provide any additional information that might be useful in processing your accommodation request. (check if attached and list here) _____

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Employee's Signature

Date

Return this form to María Méndez, ADA Coordinator, CA SSB 3rd Floor (503-978-5851)

Mailing Address:
PCC Human Resources
ATTN: Maria Mendez
CA SSB 3rd Floor
P.O. Box 19000
Portland, Oregon 97280