

Blinn College District
Human Resources Office

REASONABLE ACCOMMODATION REQUEST FORM FOR EMPLOYEES

Employee Name:	Blinn ID #:	Email:	Phone:
Job Title:	Department:	Campus Location:	Full-Time/ Part-Time:
Immediate Supervisor:	Supervisor's Email:	Date:	

Employee's Work schedule (check all that apply) ___Monday ___Tuesday ___Wednesday
___Thursday ___Friday ___Saturday ___Sunday

Hours _____

Definitions

Disability – The term “disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such impairment; or being regarded as having such an impairment.

Qualified Individual – A qualified individual means an individual who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires.

Reasonable Accommodations – Reasonable accommodations may include making existing facilities used by employees, students and the public readily accessible to and usable by individuals with disabilities; job restructuring, part-time or modified work schedules; reassignment to a vacant position; acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials or policies; the provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities.

Undue Hardship – Undue hardship means an action requiring significant difficulty or expense when considered in light of the following factors: (a) The nature and cost of the accommodation needed; b) The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility, the effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility; (c) The overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees; the number, type, and location of its facilities; and (d) The type of operation or operations of the covered entity, including the composition, structure and functions of the workforce of such entity; the geographic separateness, administrative or fiscal relationship of the facility or facilities in question to the covered entity.

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

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.

B. Questions to document the reason for accommodation request.

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

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

What limitation 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 limitation? Yes ☐ No ☐

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

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

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

Signature

Date

Return this form to _____