

LANE COMMUNITY COLLEGE REQUEST FOR ACCOMMODATION

Name:	Date:
L number:	Position:
Campus Address:	Supervisor/Department:
Day Phone:	Employee e-mail:

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
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If yes, please explain.

Is your accommodation request time sensitive?	Yes	No
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If yes, please explain.

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

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

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

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

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.

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. Please attach to form.

Please attach any additional information that might be useful in processing your accommodation request.

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Employee's Signature Date

Return this form to the ADA Coordinator at:
LCC Human Resources
4000 E 30th Avenue Bldg 3
Eugene, Oregon 97405

If you have any questions about this process, please contact the ADA Coordinator at 463-5589.