

ADA Accommodation Request Form

This confidential form is to be used by applicants or employees who are requesting an accommodation based on a disability. Applicants and employees requesting services will be subject to qualification standards as defined by federal and state laws relevant to disability.

Instructions: Complete and sign the first page, and return to the ADA Coordinator within Payroll & Benefits, Salazar 2079. A meeting will be scheduled with the employee/applicant and the ADA Coordinator to begin the interactive process. For employees, the supervisor will be included in the interactive process. If you should have any questions, please contact the ADA Coordinator, at 664-2979, fax 664-4049. For more information regarding accommodation, you may also visit our website at <http://www.sonoma.edu/hr/payroll/americans-disabilities/>. Individuals in need of a telecommunication relay service may contact the California Relay Service at (877) 735-2929 TTY.

<input type="checkbox"/> Employee	<input type="checkbox"/> Applicant
Name: _____	Employee ID: _____
Department: _____	Job Title: _____
Duration of Impairment: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (please provide time frame)	
Activities that your impairment limits:	
Requestor Signature: _____	
Date: _____	