

ADA Accommodation Request Form

This confidential form is to be completed by employees or applicants who are requesting an accommodation for work-related limitations due to a qualifying disability. Applicants and employees requesting services will be subject to qualification standards as defined by federal and state laws relevant to disability.

Instructions: Please complete this form and submit to hraccommodations@sonoma.edu. The Workers' Compensation, ADA, and Leave Specialist will review the request and reach out to the employee/applicant to begin the interactive process. For employees, the supervisor will be included in the interactive process. Questions can be directed to hraccommodations@sonoma.edu or (707) 664-2979. Individuals in need of a telecommunications relay service may dial 711. For more information regarding accommodations, please visit our website at <https://hr.sonoma.edu/payroll/ada>.

EMPLOYEE/APPLICANT INFORMATION					
Name:				Department:	
Work Phone:		Cell Phone:		Email Address:	
Job Title:				Supervisor:	
INFORMATION RELATED TO ACCOMMODATION REQUEST					
Indicate if your disability or medical condition is:		Temporary		Permanent	
If Temporary, please state the anticipated recovery date:					
FUNCTIONAL LIMITATIONS					
Check the major activity or activities you believe to be limited by your disability or medical condition.					
Walking	Breathing	Seeing	Hearing		
Reading	Learning	Talking	Working		
Standing	Sitting	Lifting	Performing Manual Tasks		
Other (Please specify):					
ESSENTIAL JOB FUNCTION(S) FOR WHICH ACCOMMODATION IS BEING REQUESTED:					
Due to your limitation(s), which job duties, if any, are you having difficulty performing? Please be specific and attach additional sheets if necessary.					
ACCOMMODATION REQUESTED:					
What accommodation would enable you to perform the essential functions of your position fully and safely? Please be as specific as possible, e.g. adaptive equipment, schedule change, etc. Attach additional sheets if necessary.					
EMPLOYEE/APPLICANT VERIFICATION AND SIGNATURE					
I verify that the above information is correct and to the best of my knowledge. I am requesting a reasonable accommodation which will allow me to perform the essential functions of my position as described above.					
Signature:				Date:	