

REASONABLE ACCOMMODATION REQUEST FORM

Bristol Community College (“BCC”) is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for qualified individuals with disabilities in compliance with its obligations under the Americans with Disabilities Act (“ADA”) and other state and federal laws.

This form may be used by any employee seeking accommodation, by any applicant for employment seeking accommodation during the application/selection process, and by any other person seeking accommodation in conjunction with his or her participation in any of BCC’s programs, services or activities.

For the purposes of obtaining reasonable accommodation, the following terms are relevant:

- Disability means: a physical or mental impairment that substantially limits one or more major life activities; a history or record of having such an impairment; or being regarded as having such an impairment.
- A qualified person with a disability is someone who, with or without accommodations, meets the essential eligibility requirements for participating in programs, services, and activities provided by BCC.
- Reasonable accommodations are: modifications to rules, policies, or practices; environmental adjustments such as removal of architectural, communication or transportation barriers; or auxiliary aids and services.
- Essential eligibility requirements means the legitimate educational, work and/or professional experience or other requirements for employment with BCC or participation in BCC’s programs, services or activities that an individual must be able to meet with or without accommodation.

This form is confidential and will be maintained separately from the employee’s personnel file or applicant’s application materials.

By considering this request, BCC will not consider or regard the requestor as having a disability as defined by the ADA or any other applicable federal or state law.

Please complete Parts I and II of this form and submit them to:

Mr. Tafa Awolaju
Vice President of Human Resources and Affirmative Action
Hudnall Administration Building, Room 208a
(508) 678-2811 ext. 2194

Requests for reasonable accommodation may also be made orally. Please contact Mr. Awolaju to make a request or to discuss any questions about the accommodation process at BCC.

PART I

TO BE COMPLETED BY EMPLOYEES:	
Name:	Job Title/Classification:
BCC Telephone:	Department/Unit:
BCC Email:	Supervisor's Name:
Home Address:	Supervisor's Telephone Number:
Home Telephone:	Shift (if applicable):
Name Of Person Completing This Form (If Not Employee):	
Date of Request:	

TO BE COMPLETED BY APPLICANTS FOR EMPLOYMENT:	
Name:	Position For Which You Have Applied:
Address:	Telephone:
Email:	
Name Of Person Completing This Form (If Not Applicant):	
Date of Request:	

TO BE COMPLETED BY ALL OTHER REQUESTORS:	
Name:	BCC Program, Service Or Activity Of Interest:
Address:	Date (If Applicable):
Telephone:	Campus Location (If Applicable):
Email:	
Name Of Person Completing This Form (If Other Than Requestor):	
Date of Request:	

PART II *For all responses, please feel free to attach additional sheets as necessary.*

1. Please identify the impairment(s) for which you are requesting reasonable accommodation and the expected duration of the impairment(s).

2. Please describe how each impairment listed above affects your ability to perform a major life activity, and identify which major life activity(s) is/are most significantly affected. Examples of major life activities are: seeing, hearing, walking, breathing, smelling, caring for yourself, thinking, concentrating and working.

3. For Employees:
 - a. Describe how your impairment limits your ability to perform the essential functions of your position. Please identify each of the functions of your position affected and specify how your impairment limits your ability to perform each function.

 - b. Describe the accommodation(s) you are requesting.

 - c. Explain how the requested accommodations will enable you to perform the essential functions of your job. Please be specific.

 - d. If you receive the requested accommodations, will you be able to perform all of the functions of your position? If not, please describe the specific functions you believe you will not be able to perform.

 - e. Do you need assistance to identify reasonable accommodations that may enable you to perform the essential functions of your position? If so, please indicate what type of assistance you need.

 - f. Have you previously received any accommodation(s)? If so, please list them and the dates of each.

4. For Applicants for Employment:
 - a. Describe how your impairment limits your ability to participate in the application and/or selection process.

 - b. Describe the accommodation(s) you are requesting.

PART II *Continued*

For Applicants for Employment:

- c. Explain how the requested accommodation(s) will allow you to participate in the application and/or selection process.
- d. Do you need assistance to identify reasonable accommodations that may enable you to complete the application and/or selection process? If so, please indicate what type of assistance you need.

5. For All Other Requestors:

- a. Describe how your impairment limits your ability to participate in BCC's programs, services or activities. Please identify each program, service or activity for which you are seeking accommodation.
- b. Describe the accommodation(s) you are requesting.
- c. Explain how the requested accommodations will enable you to participate in each program, service or activity. Please be specific.
- d. Do you need assistance to identify reasonable accommodations that may enable you to participate in BCC's programs, services? If so, please indicate what type of assistance you need.

6. Medical Verification of Impairment. All medical documentation should be recent and should describe: the impairment; the nature, severity, and duration of the impairment; the activity(s) that the impairment limits; and the extent to which the impairment limits the individual's ability to perform the activity or participate in the activities.

Check where appropriate:

_____ I have enclosed medical documentation of my impairment with this request.

_____ I have already provided medical documents relating to my impairment(s).
Please identify the date upon which you provided the documents and to whom you provided them.

_____ My disability and need for reasonable accommodation is obvious and no medical documentation is needed.