

Community College *of* Philadelphia

AMERICANS WITH DISABILITIES ACT REQUEST FOR REASONABLE ACCOMMODATION

Employee's Name:

Position:

Department:

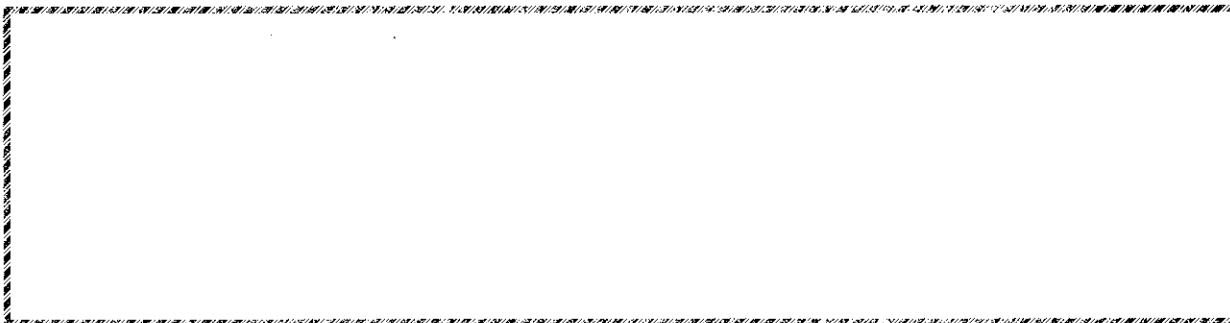
Community College of Philadelphia (CCP) requests that you provide the following information regarding your medical condition as the basis for our discussion whether it is possible to provide you with reasonable accommodation under the Americans With Disabilities Act (ADA). This information will be treated as a confidential medical record and used solely for the purpose of discussing your need for accommodation. After you have returned this form to the Human Resources Department, we will schedule a meeting to discuss your request.

Describe the nature, severity and duration of your impairment/disability which substantiates your request for a reasonable accommodation:

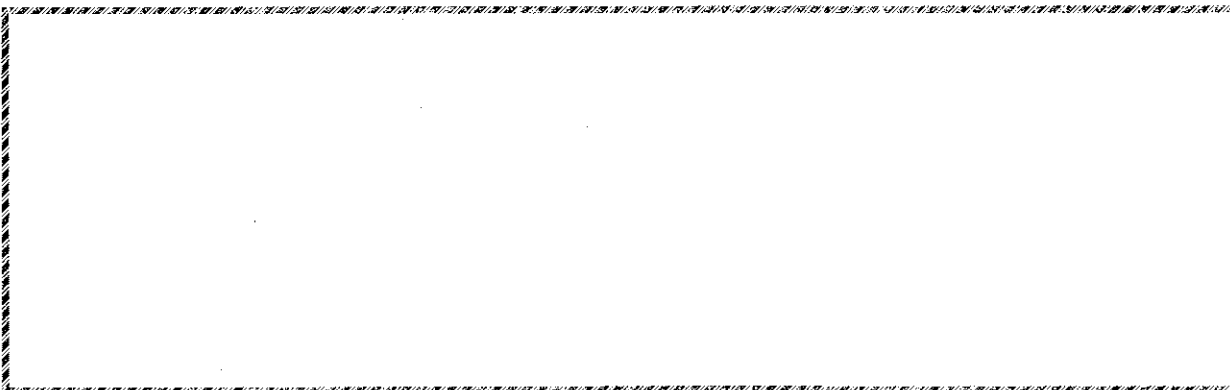
If applicable, describe how your medical condition interferes with your ability to perform the functions of your job or to adhere to the performance and conduct standards established by CCP for its employees:



Describe each form of accommodation that you believe would enable you to perform the functions of your job and/or to enjoy benefits and privileges of employment that are not presently available to you:



Which form of accommodation described above is your first preference?



Signature

Date

By signing this request for reasonable accommodation I hereby release Community College of Philadelphia (the "College") to converse with my health care practitioners concerning my medical condition. I hereby release my health care practitioners to provide any and all information to representatives of the College which is deemed necessary by the College in order to make informed determinations concerning my request for a reasonable accommodation. This may include, but is not limited to, diagnosis, prognosis, and course of treatment.