

Reasonable Accommodation Employment Request Form

Instructions: Please complete this form to release information regarding your request for an accommodation. Please take your current job description along with the Health Care Professional's Documentation of Disability to your physician and have him or her review your job description and complete the document. Please print clearly and return your completed form to your corresponding Human Resources Department. Stockton campus, please send to 3601 Pacific Avenue Stockton, CA 95211. San Francisco campus, please send to 155 Fifth Street San Francisco, CA 94103. Sacramento campus, please send to 3200 Fifth Avenue Sacramento, CA 95817. Should you have any questions, please call Human Resources at 209-946-2124.

REQUESTING EMPLOYEE (please print clearly):

Name:	Department:	Telephone#:
Reason for request (situation, length of disability, etc):		
Job functions affected (taken from the job description):		
Suggested accommodations:		

A "qualified individual with a disability" means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position the individual holds.

I have attached a certificate, signed and dated by my physician or other licensed health care provider, that describes my illness, injury, impairment or physical or mental condition and the approximate duration of the condition if temporary. I consent to allow Human Resources to contact my health care professional(s) to obtain copies of medical records related to my condition, and to consult with the health care professional(s) regarding my condition, only as it relates to my ability to perform the essential functions of my job.

Signature of employee:

Date: