

Accommodation Request Form

Background Information

Employee Name _____ Position/Title _____
Phone Number _____ Email Address _____
Work Location _____

Supervisor Information

Supervisor's Name _____ Title _____
Phone Number _____ Email Address _____

1. Please describe which major life activity your condition limits. (For example: caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, remembering, concentrating, etc.).

2. Describe how your condition limits your ability to perform the essential functions of your job. Using your Employee Work Profile or faculty work plan (job description), identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance. (Your Employee Work Profile can be obtained through your immediate supervisor or through the Division of Human Resources. Faculty work plans can be obtained through department chairs or directors.)

3. Describe in detail the accommodation(s) you are requesting.

4. Please add any additional information you feel may be relevant to your request.

Please have your medical provider complete the Medical Professional's Documentation of Disability and submit it with this form to the ADA Coordinator, 3926 Pender Dr. Suite 150, Fairfax, VA 22030 or ada@nvcc.edu.

Employee Signature _____ Date _____