

## Accommodation Request Form

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### 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 Office of Fair Practices, 7630 Little River Turnpike, Suite 301, Annandale VA 22003 or [ada@nvcc.edu](mailto:ada@nvcc.edu).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_