



Accommodation Request Form

This confidential form is to be used by applicants or employees who are requesting an accommodation based on a disability. Applicants and employees requesting services will be subject to qualification standards as defined by federal and state laws relevant to disability.

Instructions: Please complete and sign the first page where indicated, and return to Employee Relations and Compliance Services, Salazar 2078. A meeting will be scheduled with the employee/applicant and ADA Coordinator to begin the interactive process and discuss the accommodation request. For employees, the supervisor will be included in the interactive process. If you have any questions, please contact Stephen Green, ADA Coordinator, at 664-3717, fax 664-4049. For more information regarding accommodation, you may also visit our website <http://www.sonoma.edu/erc/ada/>. Individuals in need of a telecommunications relay service may contact the California Relay Service at (877) 735-2929 TTY.

Employee Applicant

Name: _____ Employee ID (if applicable): _____

Department: _____ Job Title (if applicable): _____

Duration of impairment: Permanent Temporary (please provide time frame)

Activity or activities your impairment limits: _____

Accommodations Requested: _____

Requestor Signature _____ Date _____

Employee Relations Use Only

Initial Meeting with Requestor ___/___/___ Initial Meeting with Employee and Supervisor ___/___/___

Recommendations for Accommodations _____

Accommodations Implemented ___/___/___