

**COLLEGE OF CHARLESTON EMPLOYEE REASONABLE ACCOMMODATION REQUEST FORM**

**A. These questions will help us understand the type of accommodation(s) you are requesting.**

Reason for request:

If known, what specific accommodation(s) are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If so, please explain:                      Yes                       No

Is your accommodation request time sensitive? If so, please explain:                      Yes                       No

**B. These questions will help establish the reason and need for an accommodation. In addition, you may be required to submit a Medical Inquiry form completed by your health care provider to support this information.**

Please identify the nature of your impairment:

Is the impairment permanent or temporary? \_\_\_\_\_ If temporary, how long do you expect the impairment to last?

Are you limited in, or otherwise having trouble, carrying out any job function because of your impairment? If so, please describe the job function(s) and the limitations and/or difficulty you have caused by your impairment:

Are there any benefits or privileges of employment that you do not have access to or are having difficulty accessing because of your impairment? If so, please describe the benefit/privilege and difficulty you are having with access related to your impairment:

If you are requesting a specific accommodation, how will that accommodation assist you in performing your job functions and/or accessing a benefit or privilege of employment?

**C. Other Information.**

Please provide any additional information that might be useful in processing your accommodation request:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Title

Acknowledgment: I certify that the answers I have provided to the above questions are complete and true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***This form will be kept confidential, and the information you provide will be provided to College officials (e.g., your supervisor) on a need-to-know basis when necessary to help determine and/or implement reasonable accommodations.***

**Return this form to the Office of Equal Opportunity Programs at Robert Scott Small Building, Suite 115, by email at: [eop@cofc.edu](mailto:eop@cofc.edu) or fax at: (843) 953-1843. Any questions about this form can be directed to the Office of Equal Opportunity Programs at (843) 953-5754.**