



Voluntary Request for Reasonable Accommodation Form

Smith College recognizes and supports the standards set forth in the Americans with Disabilities Act (“ADA”). Smith College does not discriminate against qualified individuals with disabilities in any aspect of the employment relationship, and strives to provide reasonable accommodations as required by law to otherwise qualified employees or applicants with disabilities.

If you have a disability that is covered (protected) under the American with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973, or other applicable state laws, and you are a qualified individual, you are entitled to request a reasonable accommodation. A reasonable accommodation will be provided to the extent that it does not pose an undue hardship and may be requested for the following purposes:

- To complete the employment application process,
- To perform essential job functions,
- To have equivalent benefits and privileges as non-disabled employees,
- To obtain evacuation assistance in a time emergency.

Advance notice is usually required to fulfill reasonable accommodation requests. However, a response to immediate need for accommodation will be provided to the fullest extent feasible.

Contents of this request are confidential and will only be shared as needed with the appropriate personnel. This form will not be placed in your employment record file. All medical documentation will be kept confidential.

Part 1: Employee Information:

Employee Name:		Employee ID Number:	
Department:		Job Title:	
Manager/Chair Name:		Campus Address:	
Work Phone:		Home Phone:	

Part 2: In-Take Questionnaire:

Instructions for Completion:

- Please answer all questions to the best of your ability
- Your honest and accurate responses will greatly assist us in evaluating your specific needs.
- Confidentiality of your responses will be maintained; your information will only be used for the intended purposes of determining appropriate accommodations

Do you have a documented disability?

- Yes
- No
- I'm not sure

Have you been given a diagnosis by a medical provider?

- Yes
- No

What is the medical diagnosis for which you are requesting the accommodation(s)?

Is your condition temporary or permanent? If temporary, please indicate the duration of the condition.

Please describe the difficulties you are currently experiencing while performing the essential duties of your job.

What specific accommodation(s) are you requesting, if known?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain or attach information.

Has a healthcare provider recommended a specific accommodation? Please describe or attach documentation:

Is your accommodation request time sensitive? If yes, please explain.

How long do you anticipate the need for an accommodation?

Have you had any accommodations in the past for this same limitation? If yes, what were they, when did you have the accommodation(s) and how did the accommodation(s) help you perform your essential job functions?

Explain how the requested accommodation(s) will enable you to perform the essential duties of your job.

Please provide the name, address, and phone number of your healthcare provider.

Part 3: Acknowledgment

I am requesting a reasonable accommodation. I agree to fully cooperate with the Office of Human Resources in responding to my request, including providing the appropriate medical documentation. I understand that I may not be provided with the specific accommodation that I have requested; however, I understand that good faith efforts will be made in deciding. I attest that the above information is complete and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Completed forms are to be returned to:

Amy Smith, *Human Resources Specialist, Integrated Leaves & Benefits*
Smith College, Office of Human Resources
Fax: 413-585-2284
Email: asmith13@smith.edu
Phone: 413-585-2289

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