 **Employee Disability Accommodation Request**

**Form A**

Grossmont-Cuyamaca Community College District is committed to the safety and well-being of its employees. This request initiates the interactive process and assists us in exploring reasonable accommodations in compliance with the requirements of Title I of the American’s with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA), consistent with GCCCD’s goals to assist disabled employees to remain at work with reasonable accommodations whenever possible.

**Note:** **DO NOT describe your diagnosis, medical condition, or disclose the specific illness.**

**EMPLOYEE:**

NAME: JOB TITLE:

DEPARTMENT: SITE: Extension:

IMMEDIATE SUPERVISOR: BARGAINING UNIT:

1. What type of accommodation are you seeking?

1. Is this disability  temporary or  permanent?
2. Does your disability affect the essential functions of your job?  Yes  No
3. What job functions are you having trouble performing?

1. Do you have a suggestion on an accommodation? ?  Yes  No

If yes, please describe:

1. Please describe how you will benefit from the recommended accommodation.

I have attached a completed Physician’s Certificate form.

The Physician’s Certification is being sent under separate cover.

I have not seen my physician. My appointment is

**Please see next page**

Employee Signature Date

PLEASE RETURN A COPY OF THIS FORM TO:

Cheryl Detwiler, Human Resources Coordinator

Grossmont-Cuyamaca Community College district

(619) 644-7571

[*Cheryl.detwiler@gcccd.edu*](mailto:Cheryl.detwiler@gcccd.edu)