

Confidential Pima Community College Employee Request for Job Accommodation Under the ADA



Employees who meet the requirements of the Americans with Disabilities Act (ADA) are entitled to job accommodations. The employee has the obligation to request an accommodation and to submit, in a timely manner (generally 15 work days), appropriate documentation to support the request. The College has the responsibility to provide a reasonable accommodation for those employees determined, from the evaluation of the appropriate professional documentation (i.e., medical, psychological or rehabilitation), to be protected under the ADA unless the accommodation is determined to pose an undue hardship to the College.

Please provide the information below and submit the completed form to the College ADA/504 Coordinator, Employee Service Center, District Office, mail code DO 1235. If you need help with this form, contact the ADA/504 Coordinator or designee at 520-206-4945 or ADA-ESC@pima.edu.

Name: _____ Date: _____

Title: _____ Department: _____

College ID# _____

Campus/Work Site: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Accommodation Requested: _____

Nature of Disability: _____

Essential Job Duties Affected: _____

Major Life Activity Affected: _____

IMPORTANT INFORMATION FOR THE EMPLOYEE:

Documentation in support of the request for accommodation should be provided by having a medical professional complete a *PCC ADA Accommodations Request for Medical Certification* form, or by the medical professional submitting the information requested by the form on official letterhead.

Medical, psychological, rehabilitation or other appropriate professional documentation establishing proof of disability is required by the College for review and evaluation. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the College asks that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please keep the ADA/504 Coordinator informed of any delays or complications in obtaining this information. Failure to provide the appropriate documentation in a timely manner may end the ADA request process. If you have questions related to this request, please call 520-206-4945

I have met with the ADA/504 Coordinator to discuss the required documentation and I understand it is my responsibility to provide the information requested on this form to the ADA/504 Coordinator before the College can determine if I am an individual with a disability covered by the ADA.

Employee Signature: _____ Date: _____

ADA/504 Coordinator: _____ Date: _____