



Human Resources Department  
Swarthmore College

(610) 328-8397  
(610) 690-2040 (FAX)

## Reasonable Accommodation Request Form

The purpose of this form is to assist the College in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of his or her job safely and effectively. The requested information will be treated confidentially, will not be kept in the employee's main personnel file, and will be used only by authorized individuals with a direct need to know the information.

Employee: \_\_\_\_\_

Request Date: \_\_\_\_\_

Employee's Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).**

1. What are the limitations caused by your condition(s) that you are currently experiencing?

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2. Given your limitations, what parts of your assigned job duties are impeded by your condition?

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3. In order to get us thinking about an effective accommodation, tell us what changes are needed now in some of your duties, or in the way the job is now done to make it possible for you to continue to do the job well.

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I give Swarthmore College permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements.

I further understand that I am required to complete and sign the attached release of information giving the College permission to consult with my health care professional(s) in order to determine that I am a qualified employee with a disability and to seek guidance as to any functional limitations based on my disability.

Date \_\_\_\_\_ Employee's signature: \_\_\_\_\_