

HILLSBOROUGH COMMUNITY COLLEGE WILL MAKE A REASONABLE ACCOMMODATION TO A KNOWN DISABILITY TO ALLOW AN EMPLOYEE TO PERFORM THE ESSENTIAL FUNCTIONS OF THEIR JOB UNLESS THE RESULTS WILL CAUSE AN UNDUE HARDSHIP FOR THE COLLEGE.

Employee Information

Last Name		First	Middle	I.D. #
Extension	Campus		Department	
Position Title			Supervisor	
Specific Disability				

ATTACH VERIFICATION OF THE DISABILITY (SUCH AS STATEMENT FROM ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER, DIVISION OF VOCATIONAL REHABILITATION, DIVISION OF BLIND SERVICES) INCLUDE ANY AVAILABLE INFORMATION RELATED TO EQUIPMENT MODIFICATION OR PURCHASE (SUCH AS MODEL NUMBER, MANUFACTURER, ETC.)

Identify the specific job-related task (job functions) that you cannot do at all (job-related limitation)	
Identify the job task that you cannot do the way the department generally expects the task to be done	
Specify requested accommodation (describe how the limitation can be overcome)	
Signature of Employee	Date Signed

Supervisory Review

Supervisor - Include any comments/recommendations:	
Signature of Supervisor	Date Signed
Signature of Unit Administrator	Date Signed