GEORGIA COLLEGE
GEORGIA'S PUBLIC LIBERAL ARTS UNIVERSITY

Employee Accommodation Request Form

Reasonable accommodations may be needed to provide equal access and opportunities to qualified individuals with disabilities. If you are a Georgia College employee with special needs that are the result of a disability and you believe that reasonable accommodations will assist you in the performance of your job, please complete this form and return it to the address listed at the bottom of page two (2) of this document.

_____
Name (please print)

_____
Job Title   **Work Location**

_____
Department   **Work Phone Number**

_____
Supervisor   **Supervisor's Phone Number**

_____
Work Schedule (Days and Hours)

Please complete the questions below. Use back of sheet if you need more room to answer any of the questions listed below.

1. What is the disability for which you are requesting an accommodation?

    _____
    _____
    _____
    _____

2. Please describe the physical, mental, or cognitive impairments, associated with the abovementioned disability, that limit your ability to do your job.

    _____
    _____
    _____
    _____

3. What job duties and/or responsibilities are you having difficulty performing as a result of your disability/health condition?

    _____
    _____
    _____
    _____

4. What specific disability accommodation are you requesting? (*Be as specific as possible, e.g. adaptive equipment, reader, interpreter, modified work schedule.*)

_____
_____
_____
_____

5. If you are not sure what accommodation is needed, do you have any suggestions about what options we can discuss/explore? ❑ No ❑ Yes (*If YES, please explain.*)

_____
_____
_____
_____

6. Is your accommodation request time sensitive? ❑ No ❑ Yes (*If YES, please explain.*)

_____
_____
_____
_____

7. Have you had any accommodations in the past for this same limitation? ❑ No ❑ Yes (*If YES, what were the accommodations and how effective were the accommodations.*)

_____
_____
_____
_____

8. How will the requested accommodation(s) assist you in performing the essential functions of your job?

_____
_____
_____
_____

9. Please provide any additional information that might be useful in evaluating your accommodation request (*attach additional pages if more space is needed*):

_____
_____
_____
_____

Please return this document to:
Human Resources and Employee Relations
Campus Box 028
Milledgeville, GA 31061
ATTN: ADAAA Coordinator