LOS ANGELES COMMUNITY COLLEGE DISTRICT

**FORM B-32A: Employee Accommodation Request Form**

# Employee Information

**Name**:

**Phone Number:**

**E-mail:**

**Position:**

**Department:**

**Location:**

**Name of Immediate Supervisor:**

**Name of Department Head:**

# Questions to Clarify Accommodation Requested

**What specific accommodations are you requesting?**

**If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?** **YES [ ]  NO [ ]**

**If *yes*, please explain:**

**Is your accommodation request time sensitive? YES** **[ ]  NO** **[ ]**

**If *yes*, please explain:**

# Questions to Document the Reason for the Accommodation Request

**What, if any, job function are you having difficulty performing?**

**What, if any, employment benefit are you having difficulty accessing?**

**What limitation is interfering with your ability to perform your job or access an employment benefit?**

**Have you had any accommodation in the past for this limitation?** **YES** [ ]  **NO** [ ]

**If *yes*, what were they and how effective were they?**

**How long was the accommodation provided?**

**If you are requesting a specific accommodation, how will that accommodation assist you?**

**Please provide any additional information that might be useful in processing your accommodation request:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

All medical information shared with the District through the good faith reasonable accommodation process will be maintained separately from personnel files and in accordance with all federal and state requirements.

The Los Angeles Community College District does not discriminate on the basis of disability in the admissions or access to, or treatment of or employment in, its programs or activities. Requests for alternate formats can be made by contacting the ADA Compliance Administrator.