

**CONTRA COSTA COMMUNITY COLLEGE DISTRICT  
REQUEST FOR REASONABLE ACCOMMODATION**

This form must be completed in order to request reasonable accommodation to perform the essential functions of their position or to enjoy privileges or benefits of employment equivalent to non-disabled employees.

Your request for reasonable accommodation will be reviewed by District Human Resources in accordance with Human Resources Procedure 1080.05, in conjunction with other management staff as appropriate. You will be notified of the District's decision in a reasonable time after this form is received in the District Human Resources Office.

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_

Position/Location: \_\_\_\_\_

Reasonable accommodation is required for the following job functions or privileges/benefits of employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

In order to perform the job functions listed above or enjoy the privileges/benefits of employment, I will need reasonable accommodation, and request that the District do the following: (Describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

**NOTE:** In order for your request to be considered, you must attach the District's Medical Verification Form completed by your physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant Name)

