



**College of Southern Idaho  
American Disability Act**

**REQUEST FOR REASONABLE ACCOMMODATION**

*(This is a confidential form in compliance with College Policy and the ADA)*

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EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_

CAMPUS EXTENSION \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

POSITION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CAMPUS EXTENSION \_\_\_\_\_

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**NATURE OF THE QUALIFYING DISABILITY:** (Attach medical documentation/verification from physician as appropriate. Indicate if disability is temporary or permanent.)

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

**EXPLAIN THE JOB RELATED TASK(S) OR FUNCTIONS THAT ARE AFFECTED BY THE DISABILITY**

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

**REQUESTED OR SUGGESTED ACCOMMODATION:** (Please describe the accommodations needed to enable you to perform the essential functions of this job, attach a current job description.)

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**I authorize the release of confidential medical information and other information regarding my disability to college personnel as deemed appropriate by Human Resources**

Signature \_\_\_\_\_

Date \_\_\_\_\_