



**PIERCE
COLLEGE**

Accommodation Request Form

Purpose: The purpose of this form is to assist Pierce College in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This is a confidential form and will be submitted by the requesting applicant/employee directly to Human Resources. Only employees are expected to complete workplace information.

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

Employee Name _____ Emp. ID# _____

Part A - Questions to Clarify Accommodation Requested

1. What specific accommodation are you requesting?

2. 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:

3. Is your accommodation request time sensitive?

Yes No If yes, please explain:

Part B - Questions to Document the Reason for Accommodation Request

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

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

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

4. Have you had any accommodations in the past for this same limitation? Yes No
If yes, what were they and how effective were they?

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

Part C - Other

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

Name of Preparer (if not employee) _____

Employee/Representative Signature _____ Date _____

Return this form to:
Pierce College District
Human Resources Department
9401 Farwest Drive SW
Lakewood, WA 98498
Email: benefits@pierce.ctc.edu
Secure Fax: 253-964-7339