



**Amherst College**  
**Office of Human Resources**

**Employee Reasonable Accommodation Request Form**

In keeping with local, state and federal laws, Amherst College provides reasonable accommodations to qualified employees with disabilities, unless to do so would cause undue hardship for the College. In general, it is the employee's responsibility to inform his or her supervisor that he or she needs a disability-related accommodation in order to perform the essential functions of the job. A supervisor is not required to provide reasonable accommodations if he or she is not aware of the employee's need and desire for the accommodation. Reasonable accommodations are determined, identified and implemented in a collaborative process among the employee, supervisor and the Office of Human Resources.

Contents of this request are confidential and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation. This form will not be placed in your employment record file. All medical documentation will be kept confidential. To help initiate your request, complete both forms and forward your supporting medical documentation to the: Office of Human Resources, Amherst College P.O. Box 5000, Amherst , MA 01002-5000 or faxed to: (413) 542-2687. For questions, please call (413) 542-5403.

Today's Date:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor

(Please note that while your supervisor will be involved in the process, information about your medical condition, including medical documentation, will not be shared, unless authorized by you.)

\_\_\_\_\_  
Home Address (Number and Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

Please provide a brief description of your job responsibilities:

Please explain aspects of your employment responsibilities that are impacted by your condition and how they are impacted. *(Use the back of this page for more space.)*

**Information About Your Accommodation Request**

1. What is the medical diagnosis for which you are requesting the accommodation?
2. Does your condition limit any major life activity? If so, please explain which life activity/activities is/are affected.
3. Is your condition temporary or permanent? If temporary, please indicate the duration of the condition.

4. Please list the reasonable accommodation(s) that you are requesting.

5. What other accommodations might be responsive to your request?

6. How long do you anticipate the need for an accommodation?

7. Explain how the requested accommodation will enable you to perform the essential functions of your job.

Please check appropriate box:

- Are you currently on Short-Term Disability?  Yes  No
- Have you been approved for FMLA?  Yes  No
- Have you requested a reasonable accommodation through this office or any other office before?  
 Yes  No
- If “Yes,” is it the same condition or impairment that you are currently requesting an accommodation for?  Yes  No
- If “Yes,” approximately when was the request made?

I am requesting a reasonable accommodation. I agree to fully cooperate with the Office of Human Resources in responding to my request, including providing the appropriate medical documentation. I understand that I may not be provided with the specific accommodation that I have requested; however, I understand that good faith efforts will be made in making a determination. I attest that the above information is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_