

**HOSTOS COMMUNITY COLLEGE  
Human Resources Department**

**REQUEST FOR REASONABLE ACCOMMODATION**

**This form is to be completed by the individual requesting a reasonable accommodation.**

**General Information:**

Name \_\_\_\_\_ HCC ID # \_\_\_\_\_

Position Title \_\_\_\_\_

Department/Unit \_\_\_\_\_

Supervisor \_\_\_\_\_

Home Address  
\_\_\_\_\_  
\_\_\_\_\_

Campus Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Campus Telephone \_\_\_\_\_

Email \_\_\_\_\_

***How would you prefer to be contacted?***

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Email \_\_\_\_\_

***Classification:***

- Full-time       Part-time       Temporary/Contract       Faculty  
 Admin/Professional Staff       Support Staff       Service/Maintenance

## Reasonable Accommodation Request – Page Two

**This form is to be completed by the individual requesting a reasonable accommodation.**

1. Indicate the physical or mental limitation(s) and expected duration of the limitation(s). It is not necessary to indicate a medical diagnosis or condition.
2. Is your accommodation request time sensitive? If so, please explain.
3. What, if any, job function are you having difficulty performing?
4. What accommodation you are requesting? Please be as specific as possible.
5. Have you had any accommodations in the past for this same limitation? If yes, what were they and how effective were they?
6. If you are requesting a specific accommodation, how will that accommodation assist you?
7. Please provide any additional information that might be useful in processing your accommodation request:

**Reasonable Accommodation Request – Page Three**

I understand that by making this request, I am authorizing Hostos Community College to discuss information regarding reasonable accommodations with my immediate supervisor and/or any other CUNY/Hostos official on a need-to-know basis. I understand that information regarding my disability and reasons for accommodations will remain confidential to the extent provided by law. I also understand that, when reasonable accommodations have been provided, I will be held to the same performance and conduct standards as all other HCC employees.

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

(Return this form to Keisha Pottinger, Human Resources Department, Room B-215)

HOSTOS COMMUNITY COLLEGE

**RELEASE OF MEDICAL INFORMATION FORM**

**This form is to be completed by the individual requesting a reasonable accommodation.**

So that we may properly evaluate your request for reasonable accommodations for your disability, please have your qualified medical provider complete the attached Medical Inquiry Form and return it directly to us at the address listed below. This form, and the information contained on it, will be kept separate from your personnel file and will remain confidential as required by law.

I, \_\_\_\_\_, authorize my physician, or any other professional clinician who may share in my care, to release to the designated representative of Hostos Community College any and all information which shall be required with respect to my disability and the accommodations being requested.

I understand that this release authorizes my physician to orally discuss these matters with the above officials as necessary in addition to providing a written record.

I understand that this information is being provided to Hostos Community College for it to assess my medical condition(s) and determine whether I have a disability as defined by law and what accommodation, if appropriate, can be made.

I give this authorization voluntarily and with full understanding of its nature.

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

HCC ID \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Return to:  
Hostos Community College  
Att: Keisha Pottinger  
Human Resources Department  
500 Grand Concourse  
Room B-215  
Bronx, NY 10451