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

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:

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)