Office of Human Resources Accommodations Request Form

This request form will not be placed in your employment record file and will be treated as confidential in accordance with the Americans with Disabilities Act (ADA) as amended and New York Human Rights Law (NYHRL).

If you have any questions or concerns regarding this form, contact the Assistant Director Human Resources, Tabatha Spinner at spinner@HWS.edu or 315-781-3312.

To be completed by the employee Date: Name: Job Title: Department: _____ Supervisor: How would you prefer to be contacted? Work Phone: Personal Phone: Email Address: Accommodation Request What type of accommodation are you requesting? Modified work schedule Removal of communication Barrier Removal of architectural barrier Job Restructuring Reassignment Change in procedure Purchase of assistive services Purchase of assistive device Other _____

| Please describe the accommodation requested: (attach additional sheets of pape needed) | r if |
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| Please explain the reason that you believe that you need this accommodation. | |
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| I understand that a review of my disability status may be required, and I agree to cooperate fully in this process. I further understand that if my request is granted am obligated to report any changes in my disability status which may require reevaluation of this request. Granting of this request does not signify approval of a future reasonable accommodation for any other position at the Colleges. | d, I |
| Employee signature Date | |
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Medical Certification

To be completed by physician

| Date: Physician Name: | (Please Print) | | |
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| | Address: | | |
| Patient Diagnosis/0 | Condition. | | |
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| Describe the functi | onal limitation(s). | | |
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| Is the medical cond | dition expected to be temporary | ? Yes | No |
| If yes, please state | e the expected duration | | |
| Suggested Accomn | nodations. | | |
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| Physician signature | <u>م</u> | Date | |

Return this form to: Tabatha Spinner, Assistant Director Human Resources, Hobart and William Smith Colleges, Gullick Hall $1^{\rm st}$ floor, 337 Pulteney Street, Geneva, NY 14456. For question call 315-781-3312 or email spinner@HWS.edu.