

## CSU CHANNEL ISLANDS REASONABLE ACCOMMODATION REQUEST FORM

NAME \_\_\_\_\_

POSITION APPLYING FOR OR HOLDING \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

This form should be completed when an applicant or employee indicates his or her desire to request a reasonable accommodation from the California State University Channel Islands (CI). Upon completion, this form must be delivered to Human Resources and kept separate from the applicant's/employee's personnel file.

The purpose of this form is to assist CI in determining whether or to what extent a reasonable accommodation can be made for an applicant or employee to safely and effectively perform the essential functions of his or her present job or the job he or she is seeking.

### TO BE COMPLETED BY THE APPLICANT OR EMPLOYEE

1. Identify and describe any current medical work restrictions on your ability to perform your current job duties (please attach documentation from a licensed healthcare professional if currently available) which form the basis for your request for reasonable accommodation(s) by CI:

2. Identify and describe the essential function(s) of your position or the position you seek which you are unable to perform without reasonable accommodation(s) (see definition of "reasonable accommodation" below):

3. Identify and describe the reasonable accommodation(s) needed to enable you to properly and safely perform the essential functions of your job or the job you seek, including special equipment, changes in the physical layout of the job, or other accommodations:

4. Identify and describe any equipment, aids, or services that you feel are necessary to allow you to perform the essential functions of your job or the job you seek:

5. Identify the name, address and telephone number of the licensed physician, therapist, psychologist, or other licensed healthcare professional who can help the University determine the appropriate reasonable accommodation based on your current medical work restrictions:

I hereby authorize the above-listed health care provider(s) to release to California State University Channel Islands information concerning the medical restrictions disclosed herein and provide any opinions to them concerning my ability to perform essential job-related functions with or without reasonable accommodation.

I certify that I have read and reviewed the position description for my current position (or position I am seeking) or have been informed of the essential functions of my job. I further certify that the foregoing statements are complete, accurate, and true to the best of my knowledge, and I understand CI may require me to undergo testing or evaluation by medical personnel retained by the CI for the purpose of establishing the existence and extent of any work restrictions that may affect my ability to perform essential job-related functions with or without reasonable accommodation.

Applicant's/Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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- "Disability" includes a physical or mental impairment that limits one or more major life activities, having a record or history of such impairment, or being perceived or regarded as having such impairment. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning, and working.
  - "Reasonable accommodation" for an employee includes any modification to the job or work environment to enable an employee to perform the essential functions of the job in question. For an applicant "reasonable accommodation" includes making appropriate changes or adjustments to allow an applicant with a disability the opportunity to compete for a job opening.

These definitions are provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definitions of these terms or impose obligations on the CI not required by law.