

## **Employee Request for Accommodation**

Please complete the following questions, telling us briefly why you have requested an interactive session to discuss your possible need for job accommodations.

ame:		
(First)	(Middle Name or Initial)	(Last Name)
dress:		
y:	State	Zip
lephone Number: Wor	k ()⊢	lome ()
pt/Div:		
	Sup	pervisor
	· · · · · · · · · · · · · · · · · · ·	re for this impairment?YesNo
	· · · · · · · · · · · · · · · · · · ·	
If so, what is the	· · · · · · · · · · · · · · · · · · ·	
If so, what is the	doctor's name and address?	y your impairment(s).
If so, what is the 3. Check those activ	doctor's name and address? vities that are substantially affected b ngStandingSitting	y your impairment(s). SpeakingBreathing
If so, what is the 3. Check those activ	doctor's name and address? vities that are substantially affected bongStandingSitting gHearingLearning	y your impairment(s). SpeakingBreathing

5.	Is/are your impairment(s) temporary or permanent? Temporary Permanent
	If temporary, how long do you anticipate the impairment to last?
6.	What, if any, medical treatment do you receive for your impairment?
7.	a. Does your treatment necessitate taking time off work?YesNo
	b. If yes, how much time? How often do you need to take time off?
	c. Are you currently on a reduced schedule or leave?YesNo
	d. If yes, what is your current work schedule and what type of leave are you using?
8.	Please list the specific job duties affected by your impairment(s):
9.	How frequently do you perform these duties?
10.	Please explain how your impairment(s) affect these duties:
11.	What modification to our job duties or work environment, including the use of a device or technology, do you believe would allow you to perform the above listed duties? Please explain in detail such modifications, devices or technology and how this modification would allow you to perform these duties.
12.	Do you already have any modifications to your job duties or work environment?Yes No
	If yes, what are the modifications?

13.	ls y	our impairment(s) the result of a work related accident?YesNo
	a.	If yes, have you filed a worker's compensation claim?YesNo
	b.	If so, is it resolved or pending? Resolved Pending
	c.	Have you been, or are you, on light duty as a result of the accident?YesNo
	d.	If so, list the time period you were on the light duty:
	e.	Describe the restrictions applied to your light duty:

Important note: Employee must submit medical documentation (see GINA Statement below) supporting this request.

Employee's Signature	Date
Human Resource Services Representative	– Date

## Nondiscrimination Statement

Morgan Community College prohibits all forms of discrimination and harassment including those that violate federal and state law, or the State Board for Community Colleges and Occupational Education Board Policies 3-120 and 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities. Morgan Community College will take appropriate steps to ensure that the lack of English language skills will not be a barrier to admission and participation in vocational education programs.

The College has designated Julie Beydler, Director of Human Resources, as its Affirmative Action (AA) Officer, Equal Opportunity (EO), and Title IX Coordinator with the responsibility to coordinate its civil rights compliance activities and grievance procedures. If you have any questions, please contact her by e-mail at <u>julie.beydler@morgancc.edu</u>, by phone at 970-542-3129 or by US mail at 920 Barlow Road, Fort Morgan, Colorado 80701. Susan Clough, Vice President of Administration and Finance serves as the Deputy Title IX Coordinator and may be reached by e-mail at <u>susan.clough@morgancc.edu</u>, by phone at 970-542-3129 or at 920 Barlow Road, Fort Morgan, Colorado 80701.

## Genetic Information Nondiscrimination Act (GINA) of 2008

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.