



Reasonable Accommodation Request Form  
**CONFIDENTIAL**

Employee or Applicant Name

Job Title

Street address

Street address line 2

City

State

Zip code

Daytime Phone #

Request Date

I am a:

Current Employee

Employment Applicant

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My disability/functional limitation is:

My disability/functional limitation prevents me from performing the following activities:

I am requesting accommodation because:

I am applying for employment and the accommodation will allow me to participate in the application/selection process

I am currently employed by BCCC and require an accommodation in my current position.

The accommodation I am requesting is: (Describe the type of accommodation, suggestions for work site or exam site modifications or specific job duties that may be restructured to facilitate your employment or participation, and the details of how or where the accommodation (if purchasable) may be obtained, including the cost if known)

This accommodation will allow me to perform the functions of my job or participate in the application/selection process as follows: (Describe how the accommodation will assist you)

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I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE MEDICAL INFORMATION FROM MY HEALTH CARE PROVIDER AS PART OF THIS PROCESS.

Sign and Date

Print Name

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*Applicants requesting an accommodation should complete the Accommodation Request Form (PDF) and submit it to [HRComplianceCoordina@bccc.edu](mailto:HRComplianceCoordina@bccc.edu).*

*Requests must be accompanied by documentation from a treating and licensed medical provider, outlining the following:*

*The reason the accommodation is being requested (not necessarily the diagnosis), the specific essential function(s) requiring accommodation, how the essential function(s) is/are impacted, the duration the accommodation is anticipated to be required, and the recommended or preferred accommodation.*