

REASONABLE ACCOMMODATION REQUEST FORM

In accordance with the Americans with Disabilities Act (ADA), City Colleges of Chicago provides reasonable accommodations to qualified individuals with disabilities to enable them to perform the essential functions of their positions. In accordance with the Illinois Human Rights Act, City Colleges of Chicago also provides reasonable accommodations to employees, due to pregnancy, childbirth, or related medical conditions, to enable them to perform the essential functions of their positions.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE INFORMATION:

Employee Status: Full-Time Part-Time

Name: _____	Employee ID: _____
Work Location: _____	Department: _____
Position Title: _____	Home Telephone No.: _____
Supervisor: _____	Work Telephone No.: _____

TYPE OF ACCOMMODATION

ADA Pregnancy, childbirth, or related medical condition(s)

REASON FOR ACCOMMODATION(S)*

Please describe the condition for which you are requesting an accommodation:

Please describe any limitations resulting from your condition that interfere with your ability to perform the functions of your position:

Please describe the accommodations you believe are needed to enable you to perform the essential functions of your position:

***NOTE: EMPLOYEE/APPLICANT MUST INCLUDE APPLICABLE MEDICAL DOCUMENTATION WITH THIS FORM.**

I give the City Colleges of Chicago permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act and/or the Illinois Human Rights Act, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA and/or the Illinois Human Rights Act, including their confidentiality requirements.

Signature of Employee

Date

Return to:
City Colleges of Chicago
EEO, Labor & Employee Relations
180 N. Wabash
Chicago, Illinois 60601
Fax: (312) 553-3353
eeofficer@ccc.edu