

Americans with Disabilities Act

In accordance with the Americans with Disabilities Act (ADA), Hampshire College will make reasonable accommodations for an applicant or employee with a known physical or mental disability to enable such person to perform essential job functions and/or enjoy the benefits and privileges of employment, so long as such accommodation does not imposed an undue burden on the College. To be protected by the ADA an employee must have a "disability" and be qualified to perform the essential functions of the position with or without a reasonable accommodation by the College. A disability is defined under the ADA as a physical or mental impairment that substantially limits one or more major life activities. A disability also includes having a record of such impairment, or being regarded as having such an impairment. Major life activities include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing and standing.

Voluntary Request for Reasonable Accommodation Form

If you have a disability that is covered (protected) under the American with Disabilities Act (ADA) and are entitled to request a reasonable accommodation, such accommodation will be provided to the extent that it does not pose an undue hardship and may be requested for the following purposes:

- To complete the employment application process
- To perform essential job functions
- To have equivalent benefits and privileges as non-disabled employees.
- To obtain evacuation assistance in a time emergency.

Advance notice is usually required to fulfill Reasonable Accommodation requests. However, a response to immediate need for accommodation will be made to the fullest extent feasible.

Date: _____ Check one: Staff Faculty

Name:

Job/Title:

Department:

Supervisor:

Campus Address:

Phone Extension:

Email Address

Do you have a physical disability or significant impairment of mobility, vision, hearing or other function for which a reasonable accommodation might be made in order for you to perform the essential functions of your job?

No ____ Yes ____ (If yes, please identify disability and needed accommodation in the appropriate section below)

Documentation of Protected Status

When requesting Reasonable Accommodation, be prepared to submit appropriate and current medical documentation or other documentation from a professional qualified to make an assessment of your condition. Additional documentation may be needed if there is an ongoing need for the accommodation. All such documentation will be treated confidentially.

I am requesting accommodation for the following reason(s):

(Please check relevant boxes)

- To complete the employment application process
- To perform essential job functions
- To have equivalent benefits and privileges of non-disabled employees
- To obtain evacuation assistance in time of emergency

How does your limitation restrict your ability to accomplish or obtain the item(s) checked above? If related to the performance of job responsibilities, state the job functions for which you need an accommodation, and describe the difficulty you have performing that task.

What type of accommodations do you believe would be effective?

For those accommodations that must be purchased or attained, please identify possible resources for the department to consider in responding to the accommodation request:

How long will you need this accommodation? Short-term _____ Ongoing _____

I CERTIFY THAT THE ABOVE STATEMENT AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Name: _____
(Please print)

Please return this completed form to Human Resources, First Floor of Blair Hall.