

**FORM E**

**ROCKLAND COMMUNITY COLLEGE**  
**REQUEST FOR REASONABLE ACCOMMODATION**

Rockland Community College will make reasonable accommodation to qualified applicants and employees with disabilities to enable them to perform the essential functions of their jobs, or to enjoy the equal benefits and privileges of employment and the employment process, unless providing such accommodation will impose an undue hardship. This form shall be made available to and used by all employees and applicants to whom a formal offer of employment has been made to request reasonable accommodation in conjunction with the College's Equity and Compliance Policy and procedures.

**DIRECTIONS**

*READ CAREFULLY*

1. Complete this form if you, as an employee or applicant with a disability to whom a formal offer of employment has been made, wish to request a reasonable accommodation in conjunction with the College's Equity and Compliance Policy.
2. Employees or applicants should file this form with the Equity and Compliance Officer.
3. The Rockland County ADA Coordinator, ((845)638-5127: Voice, RCDAC@co.rockland.ny.us – E-Mail) is available to help any employee or applicant complete this request for accommodation and/or to advocate for them at any stage of the accommodation process. You should contact the county office or the Equity and Compliance Officer if you have any questions about completing this application or proceeding with the accommodation process.

*Please fill out Section I of the attached request form as completely as possible.  
Sections II and III are for College use only.*

**ROCKLAND COMMUNITY COLLEGE**  
**REQUEST FOR REASONABLE ACCOMMODATION**

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*(Before Completing This Form Please Read Instructions on The Preceding Page)*

**SECTION I** - All Employees and Applicants to whom a formal offer of employment has been made should complete the applicable items in this section, and submit this form to the Equity and Compliance Officer.

1. **Name of Employee or Applicant:** \_\_\_\_\_

2. **Work or Preferred Contact Phone Number:** \_\_\_\_\_

3. \_\_\_\_\_ **Employee**      \_\_\_\_\_ **Applicant**

4. **Position In Which You Work or For Which You Applied**

5. **Department:**

\_\_\_\_\_

\_\_\_\_\_

6. **Location of The Position In Which You Work or For Which You Applied:**

7. *(Applicants Only):*  
**Part of Employment Process For Which An Accommodation Is Requested {application, examination, interview, other (please identify):**

\_\_\_\_\_

\_\_\_\_\_

8. **Explanation of Accommodation Requested: (attach additional pages and supporting documentation as appropriate.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGMENT**

I CERTIFY THAT I HAVE READ AND RECEIVED A COPY OF THE ABOVE APPLICATION AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ROCKLAND COMMUNITY COLLEGE**  
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***[FOR COLLEGE USE ONLY]***

Upon receipt of this form (completed by an employee or applicant) the Equity and Compliance Officer should:

- (1) Complete Section II below;
- (2) Return a copy to the employee or applicant;
- (3) Retain the original in the Office of the Equity and Compliance Officer, and
- (4) Forward copies to the Department of Human Resources and the Rockland County Office for People with Disabilities.

**SECTION II** - To be completed by the Equity and Compliance Officer.

**Accommodation Granted as Applied for:** \_\_\_\_\_

**Accommodation Granted Other than as Applied for:** \_\_\_\_\_  
*(Attach copy of written decision, if appropriate)*

**Accommodation Denied:** \_\_\_\_\_

**EXPLANATION/COMMENTS:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_