



## Tompkins Cortland Community College Workplace Accommodation Request Packet

### Introduction & Process Overview

At Tompkins Cortland Community College, we are committed to providing equal employment opportunities and a supportive workplace. If you have a disability and require an accommodation to perform the essential functions of your job, the following process will help us work together to identify reasonable solutions.

#### Step 1 – Employee Request

Complete Section A of the Accommodation Request Form.

- Attach a copy of your current job description.
- Forward your completed Section A of the form and the job description to your treating physician/health care provider so that they may complete Section B.

#### Step 2 – Physician Input

- Your health care provider will complete Section B, focusing on:
  - Functional limitations related to your job.
  - Suggested accommodations.
  - Duration (temporary or permanent).
- Your physician should return the completed form directly to Human Resources to ensure confidentiality.

#### Step 3 – Interactive Process

- Once Human Resources receives the completed form, we will begin the interactive process, which may include:
  - Reviewing your job description.
  - Meeting with you to discuss needs and potential accommodations.
  - Consulting with your supervisor, if needed.

#### Step 4 – Decision

- Human Resources, in consultation with leadership as appropriate, will determine if a reasonable accommodation can be provided.
- You will receive a written notice of the decision.

#### Confidentiality

- All medical information is treated as confidential and kept separate from personnel files.
- Only Human Resources and those directly involved in the accommodation process will review this information.

Questions? Contact Human Resources at:

Phone: (607) 844-6580 x 4348 | Email: [hr@tomkinscortland.edu](mailto:hr@tomkinscortland.edu)



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## Accommodation Request Form

### Section A – To Be Completed by Employee

1. Employee Information

- Name: \_\_\_\_\_
- Job Title/Department: \_\_\_\_\_
- Work Location: \_\_\_\_\_
- Phone/Email: \_\_\_\_\_

2. Accommodation Request

- Please describe the workplace accommodation you are requesting:

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- How will this accommodation help you perform the essential functions of your job?

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3. Supporting Information

- Have you previously requested accommodations? ☐ Yes ☐ No

- If yes, please describe: \_\_\_\_\_

**Note: Please attach a copy of your current job description to this form before providing to your health care provider to complete Section B.** This will help your provider understand the essential functions of your position when making recommendations.

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



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## Section B – To Be Completed by Treating Physician/Health Care Provider

Instructions for Physician:

Your patient, the employee listed above, is requesting a workplace accommodation. We are seeking only the information necessary to establish the existence of a covered condition and the functional limitations requiring accommodation. Please do not provide a full medical history.

A copy of the employee's job description should be attached for your review.

### 1. Provider Information

- Name/Title: \_\_\_\_\_
- Specialty: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone/Email: \_\_\_\_\_

### 2. Medical Condition

- Does the employee have a physical or mental impairment that substantially limits one or more major life activities? ☐ Yes ☐ No

- General nature of the impairment (do not list diagnosis unless necessary):

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### 3. Functional Limitations

- Please describe the functional limitations that affect the employee's ability to perform essential job functions:

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### 4. Accommodation Recommendation

- What specific accommodation(s) would assist the employee in performing their essential job functions?

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- Are these accommodations temporary or permanent? ☐ Temporary ☐ Permanent

If temporary, estimated duration: \_\_\_\_\_

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

## Confidentiality Notice

All medical information provided will be kept confidential and maintained separately from personnel records, consistent with the Americans with Disabilities Act (ADA).