

REASONABLE ACCOMMODATION REQUEST FORM

Please either email a copy of this form to HR@bard.edu, send via campus mail to Human Resources, or drop off the form at the HR Office in the lower level of the Ludlow Administration Building.

Section 1: Employee Information

Name:

Office/Department:

Supervisor:

Preferred method of communication (please provide phone number or email):

Section 2: Accommodation Request Information

Please provide as much detail as possible. Attach any additional documentation as needed.

Describe the nature of the impairment leading to the request for accommodation:

Is this impairment short-term (less than 6 months) or long-term (more than 6 months)?

Please describe how your impairment hinders/prohibits your ability to perform your assigned duties?

Please describe the accommodation you are requesting:

Please describe how this accommodation(s) will allow you to perform your assigned duties?

Employee Certification

I, _____, certify that all the information provided above is accurate and true. I understand that I may be required to provide medical documentation to verify that I am an individual with disability-related limitations and need a reasonable accommodation to enable me to perform the essential duties of my position. All medical information concerning disabilities will be considered confidential and will be released only in accordance with the requirements of the ADA, NYHRL, or other applicable law. I understand that Bard College will base its decision on whether to grant this request for reasonable accommodation from the information contained within this document and any relevant medical information you may provide.

Employee name (printed): _____

Employee signature: _____

Date: _____

Section 3: To be completed by Bard College's Office of Human Resources

Accommodation request decision (Approved, Modified, Denied):

Rational for Decision:

Director of the Office of Human Resources (printed): _____

Signature: _____

Date: _____