

# LINN-BENTON COMMUNITY COLLEGE

## Request for Accommodation

EMPLOYEE \_\_\_\_\_

POSITION \_\_\_\_\_

Linn-Benton Community College will afford reasonable accommodation to a qualified employee with a known disability, unless to provide such accommodation creates an undue hardship on the operation of the College.

### EMPLOYEE STATEMENT OF NEED FOR ACCOMMODATION

What essential function(s) of your job needs to be accommodated?

Please state in your own words what accommodation you feel would enable you to perform the essential functions of your job. (Please use back if you need more room).

By my signature below, I hereby authorize all medical providers, my collective bargaining agent, insurance carriers, employers and their agents, employees and/or representatives to cooperate in this **reasonable accommodation** process; I further authorize and request such entities **release** any requested information and documents, including any medical records and/or workers' compensation claims to the Linn-Benton Community College representative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO HUMAN RESOURCES, CC-108**