

### Section III - Reasonable Accommodation Request Form\*\*

As described in the Requesting Reasonable Accommodation for People with Disabilities policy, please complete this form and submit it to the Office for Institutional Diversity at **accommodation@bc.edu**. Completion of this form will allow us to work together to review and address your request for a reasonable accommodation to perform the essential functions of your job. This information and other related documentation will be treated confidentially and kept separate from your personnel file.

<b>Name:</b>	<b>Email:</b>	<b>Eagle ID</b> (first 8 numbers):
<b>Department:</b>	<b>Title:</b>	<b>VP/Dean Name:</b>
<b>Campus Address/Building:</b>	<b>Extension:</b>	<b>Mobile Phone:</b>
<b>Supervisor/Department Chair Name:</b>		<b>Supervisor Phone:</b>
<b>Is your supervisor aware of your request:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

#### ACCOMMODATION REQUEST

Identify the disability that is the basis of your request for reasonable accommodation(s).

Describe the nature and duration of the disability identified above.

Have you been treated by a doctor or other medical professional regarding the disability you have identified? Please provide contact information for anyone you identify.

Describe the accommodation you are requesting. (Please note: if a reasonable accommodation is granted it may be an effective accommodation that is different from the one you specify below.)

Describe how the accommodation you are requesting will enable you to perform the essential function(s) of your job and/or to engage in equal benefits and privileges of employees without disabilities. (The list of essential functions of your position will be provided to you by the OID.)

Please provide any additional information you believe may be of assistance while we review your request for a reasonable accommodation.

**ADDITIONAL MATERIAL**

Please attach, or promptly provide, documentation from your medical provider describing the disability, the medical diagnosis, and suggested accommodations. Information provided by the medical provider will help us assess this request and identify appropriate reasonable accommodations. If you do not have medical documentation available or need to undergo a medical examination one may be provided at the University's expense. In addition, Boston College reserves the right to affirm and review medical information provided by your medical provider and/or physician and may conduct an independent medical evaluation at the University's cost.

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

Date received by OID:	
Date review began / reviewer:	
Reasonable accommodations considered:	
Departmental response/date:	
Reasonable accommodation granted:	
Cost of reasonable accommodation:	
Is the reasonable accommodation reoccurring?	
Reason for not providing reasonable accommodation (if applicable):	
Date Employee was notified of results of review:	

**\*\*This form should be forwarded with a list of the essential functions of a job to an employee requesting a reasonable accommodation. The essential functions of the job may be used by the employee, when consulting with the medical provider, to determine whether an accommodation is needed and to provide suggestions of a reasonable accommodation.**