



OKLAHOMA CITY COMMUNITY COLLEGE

Human Resources, ADA Coordinator

7777 S. May Ave., OK 73159 ♦ Phone: 405-682-7810 ♦ Fax: 405-682-7811 ♦ E-mail: rswitzer@occc.edu

Reasonable Accommodation Request Form

The purpose of this form is to assist Oklahoma City Community College in determining (1) whether an employee is “disabled” as defined by relevant law, and if so, (2) to what extent a reasonable accommodation is required to perform one or more essential functions of his or her job.

Name: _____ Request Date: _____

Telephone: _____ E-mail: _____

Home Address: _____

Job Title: _____ Department: _____

Department Head/Supervisor: _____

Have you contacted Human Resources? ☐ Yes ☐ No

If so, _____ With whom did you speak? _____
when?

Please state the nature of your disability:

Please provide a description of the accommodation you are requesting:

I give Oklahoma City Community College, including but not limited to the ADA Coordinator, the Director of Employment, the Director of Employee Benefits, the V.P. of Human Resources, the Director of Risk Management, the Director of Facilities Management, my manager/supervisor, department head and others who need to know, permission to explore possible coverage and reasonable accommodations under the Americans with Disabilities Act, as amended. All information obtained by the College during this process will be maintained in a separate confidential file and disclosed on a need-to-know basis.

Employee's Signature _____

Date _____

Please return this form to:

ADA Coordinator, Human Resources
Oklahoma City Community College
7777 S. May Ave.
Oklahoma City, OK 73159
Email: rswitzer@occc.edu
Fax: 405-682-7810