

Human Resources/Office for Students With Disabilities/Facilities Request for Reasonable Accommodation



Submit request to:

- Human Resources (employees/applicants)
 Office for Students With Disabilities (For students)
 Facilities (For the public)

Request from:

Name	Home Phone No.	Business Phone No.
Mailing Address	City	Zip

AVC employees/applicants, please also provide this information:

Job Title	Department	Supervisor
I believe I am protected from discrimination under The Americans with Disabilities Act or the California law prohibiting discrimination	<input type="checkbox"/> I have a protected disability ¹ <input type="checkbox"/> I have a relationship/association with an individual who has a protected disability and therefore am protected from discrimination due to that relationship/association.	

Need for Accommodation

- I need an accommodation To participate in this instruction, programs, services, activities, or events: for this reason:

(check all that apply)

Title	Location	Date	Time
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- To complete the admission process.
- To complete the employment application process.
- To perform essential job functions.
- To have the same benefits and privileges of similarly situated non disabled individuals.

What are the functional limitations for which you feel you need accommodations? (Please describe as specifically as possible. If related to the performance of job responsibilities, state the task(s) for which you need an accommodation, and describe the difficulty you have performing that task.) *Additional sheet provided for more detail.*

What type(s) of accommodations do you feel would be effective?

What is the anticipated cost of this/these accommodations? \$ _____. In the event we determine that this cost would be an undue hardship, are you willing to pay part or all of the cost of the accommodation? ___ yes ___no. ***[If it is an undue hardship for the organization due to cost, and ways to cut this cost are not found, we will not be able to provide the accommodation or (if to perform essential job functions) to offer you the position for which you are being considered.]***

Signature: _____ Date: _____

Your request will be given thorough consideration. We may discuss alternatives with you or contact you for additional information, or medical documentation of your protected status before reaching a decision. As soon as we have reached a decision you will be informed. The college requires at least three business days notice for most requests.

¹ See the definition of disability under federal and California law on the reverse side of this page.

V.P. of Human Resources _____	Date _____
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Antelope Valley College

Reasonable Accommodation Policy

If you have a disability that is covered (protected) under The Americans with Disabilities Act or the California law on discrimination based on disability, you may request reasonable accommodation for these purposes:

1. To participate in instruction, programs, activities, or events,
2. To complete the admission process,
3. To complete the employment application process,
4. To perform essential job functions, and
5. To have the same benefits and privileges as similarly situated non-disabled individuals.

Some types of reasonable accommodations, such as readers or interpreters, require at least three business days advance notice. Advance requests are more likely to be fulfilled in all instances. However, when feasible we will attempt to be responsive to reasonable accommodation requests whenever made.

Documentation of Protected Status

When requesting reasonable accommodation, be prepared to provide medical documentation (a) of your protected status, and (b) of the requirement for a reasonable accommodation for the purpose requested due to a protected disability. Documentation will be treated confidentially.

Mail or return form in the attached envelope to:

Choose one:

- Human Resources
- Office for Students With Disabilities
- Facilities:

Antelope Valley College
3041 W. Avenue K
Lancaster CA 93536

Definition of Disability

The Americans with Disabilities Act (ADA)

A protected disability is a physical or mental impairment that substantially limits one or more major life activities.

Under federal law mitigating measures are taken into consideration in determining whether a condition limits major life activities.

Under federal law working is considered a major life activity only if the individual is unable to perform a class or a broad range of employments.

California Disability Discrimination Law

A protected disability is a physical or mental impairment that limits one or more major life activities.

These specific conditions are considered to be protected under California law:

- bipolar disorder
- chronic or episodic conditions such as HIV-AIDS
- clinical depression
- diabetes
- epilepsy
- heart disease
- hepatitis
- multiple sclerosis
- seizure disorder

Under California law:

whether a condition limits a major life activity is considered without respect to any mitigating measures,

major life activities are to be broadly construed; they include physical, mental, and social activities; and working,

working is a major life activity regardless of whether the actual or perceived working limitation implicates a particular employment or a class or broad range of employments, and

health impairments requiring special education or related services and impairments that *may become* a physical disability are also protected.

