**Employee Information**

**Name:** Click here to enter text.

**Employee ID:** Click here to enter text.

**Position:** Click here to enter text.

**Work Number:** Click here to enter text.

**Home Telephone Number:** Click here to enter text.

**Mobile Number:** Click here to enter text.

**Work Email:** Click here to enter text.

**Personal Email:** Click here to enter text.

**Work Location:  District Office  CGCC  EMCC  GWCC  GCC  MCC  PVCC  PC  RSC  SCC  SMCC**

**Name of Immediate Supervisor:** Click here to enter text.

**Name of Department Head:** Click here to enter text.

**Questions to Clarify Accommodation Requested**

**FOR LONG COVID OR OTHER CHRONIC CONDITIONS ACCOMMODATION REQUESTS:**

If you are identified in one of the categories indicated by the CDC as being at high risk for serious complications, and you are advised by your medical provider to not come into the workplace (e.g., pregnant women, persons with compromised immune systems due to cancer, HIV, history of organ transplant or other medical conditions; persons of any age with underlying chronic conditions), please provide the documentation on the Licensed Medical Provider Questionnaire and respond to the questions below.

The Pregnant Workers Fairness Act (PWFA) went into effect on June 27, 2023, requiring that employers provide reasonable accommodations to pregnant workers from pregnancy through the postpartum period, including time off to recover. Please complete this form if requesting accommodation(s) due to pregnancy.

**\*If you are completing this form because you have an obvious disability, you may NOT need to submit the Licensed Health Care Provider Questionnaire.**

1. **Do you have an obvious disability? YES  NO**
2. **Do you have a physical or mental impairment that substantially limits one or more major life activities (i.e., working, talking, seeing, hearing, caring for oneself?) YES  NO**
3. **If yes, please describe the disability and indicate what major life activity it limits as well as how it affects the major life activity.** Click here to enter text.
4. **What, if any, employment benefit(s) are you having difficulty accessing (Examples: Training, conferences, college or District-wide meetings, access to MCCCD information, barriers to building or room access, etc.)?** Click here to enter text.
5. **What, if any, job function(s) are you having difficulty performing?** Click here to enter text.
6. **Please Explain:**
7. **Your limitation(s)** Click here to enter text.
8. **How does this limitation(s) interfere with your ability to perform the essential functions of your job?** Click here to enter text.
9. **If your accommodation request is related to the Long COVID, please provide an explanation.** Click here to enter text.
10. **If your condition is related to pregnancy, please complete this form indicating the temporary accommodations needed.** Click here to enter text.
11. **Have you had any accommodation in the past for this limitation? YES  NO**
12. **If *yes,* what was it, and how effective was it?** Click here to enter text.
13. **How long was the accommodation provided?** Click here to enter text.
14. **What specific accommodation are you requesting?** Click here to enter text.
15. **Please explain how this specific accommodation will assist you in performing the essential functions of your job.** Click here to enter text.
16. **Please provide any additional information or explanation that might be useful in processing your accommodation request.** Click here to enter text.

**Signature:**



**Date:** Click here to enter text.

**PLEASE RETURN A COPY OF THIS FORM VIA FAX DIRECTLY TO THE HR SOLUTIONS CENTER (HRSC): 480-731-8450 OR EMAIL TO** [**ADASupport@domail.maricopa.edu**](mailto:ADASupport@domail.maricopa.edu)

All medical information shared with District HRSC through the good faith Interactive Process will be maintained separately from personnel files in accordance with all federal and state requirements. Furthermore, applicable law also prohibits retaliation against any employee who participates in a protected activity.

The Maricopa County Community College District does not discriminate on the basis of disability.

Requests for alternate formats can be made by contacting the HR Solutions Center as follows:

Address: 2411 West 14th Street Tempe, AZ 85281-6942

Telephone: 480-731-8777

Email: ADASupport@domail.maricopa.edu