***Contact Information***

**Name of Person needing accommodation:** Click here to enter text.

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

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

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

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

**Is the person needing an accommodation a: Employee** [ ]  **Visitor or Guest** [ ]

If the person requesting an accommodation is not the individual completing this form, please provide information.

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

**Relation to community member:** Click here to enter text.

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

**Email Address or Other Contact Information:** Click here to enter text.

***Request***

**Check One: Accommodation** [ ] Click here to enter text. **Barrier Removal** [ ]

**Accommodation needed or location of barrier:** Click here to enter text.

**Brief statement of why the accommodation or the barrier removal is needed:** Click here to enter text.

**Facility Location: District Office** [ ]  **CGCC** [ ]  **EMCC** [ ]  **GWCC** [ ]  **GCC** [ ]  **MCC** [ ]  **PVCC** [ ]  **PC** [ ]  **RSC** [ ]  **SCC** [ ]  **SMCC**

**Date accommodation is needed:** Click here to enter text.

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

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

Please submit the completed form to:

**TJ Ferrer, MBA-HRM, SCP**Director, Human Resources
Email: tj.ferrer@domail.maricopa.edu

**Or**

**Leda Johnson**Vice President, Administrative Services
Fax: 623-935-8008
Email: heather.weber@domail.maricopa.edu

Please keep a copy of the completed form for your records and future reference.