***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](mailto:tj.ferrer@domail.maricopa.edu)

**Or**

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

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