



Request for Reasonable Accommodation

Individuals who are applying for employment or who are employed at the College of Southern Nevada (CSN) and are requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA) are encouraged to complete this form in its entirety. If you are unable to complete this form on your own, someone else may complete the form on your behalf.

All information shared with CSN through the ADA/ADAAA evaluation and/or reasonable accommodation process will be maintained in a confidential manner and in accordance with all ADA/ADAAA requirements.

Employee's Name: _____ Date: _____

Job Title: _____ Department/Division: _____

Campus: West Charleston Cheyenne Henderson Satellite/Remote

1. Identify the physical and/or mental limitation(s) for which you are requesting accommodation, what life activity(s) it substantially limits and the expected duration of the impairment(s).

2. Explain how the limitation(s) listed above affect your ability to perform the essential functions of your position. If you are an applicant or a new employee, state the anticipated difficulties you foresee. Please be as specific as possible regarding the job duties. *Note: Essential functions are duties that are basic or fundamental to the position.*

3. List the accommodation(s) you are requesting in order to perform your essential job functions. *Note: Accommodation is any modification to a job, practice, policy, equipment, schedule or the work environment itself that allows an individual with a disability to participate equally in an employment opportunity.*

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4. Add an comments you feel may be helpful in our consideration of your request.

5. Medical verification of the impairment(s)*: (Check the appropriate box)

- I have enclosed the applicable medical documents with this request
- I have signed the Authorization for Release of Medical Information form
- The disability and need for a reasonable accommodation is obvious and no medical documentation is needed. Explain:

*NOTE: The College of Southern Nevada reserves the right to request documentation if the evaluator believes more information is needed to appropriately assess your condition, functional limitations and/or request for reasonable accommodation.



The College of Southern Nevada is an equal opportunity, affirmative action organization. The College prohibits discrimination on the basis of race, color, sexual orientation, nation origin, sex, religion, disability, genetic information, gender identity or expression, marital status, political affiliation, pregnancy or age and is committed to maintaining a diverse and inclusive work environment.

CSN is committed to providing equal employment opportunities and equal access to all programs, services and activities to persons with disabilities. This includes rigorous compliance with the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA).