REASONABLE ACCOMMODATION REQUEST

Please check one: _____ Student _____ Employee

Please complete the Student/Employee Request section:

STUDENT/EMPLOYEE REQUEST

Name: ___________________________ Date of Request: ___________________________

Student ID# / Employee ID#: ___________________________ Date Accommodation Needed: ___________________________

College Location: ___________________________ Date Accommodation Needed: ___________________________

Describe the disability and how it affects your education / work: ____________________________________________________________

________________________________________________________________________

Accommodation(s) you are requesting: __________________________________________________

________________________________________________________________________

________________________________________________________________________

Student / Employee Signature ___________________________ Date ____________

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FOR COLLEGE USE ONLY

COLLEGE RESPONSE

College Contact: ________________________________________________________________

Accommodation Plan: ___________________________________________________________

________________________________________________________________________

Revisions or changes to above plan and date: ________________________________________

________________________________________________________________________

Plan of accommodation effective through date: ____________________________

We will implement the plan as agreed upon

WITC Representative Signature ___________________________ Date ____________

NOTE: All requested for accommodations require documentation on file or attached to this form. Complaint/appeals information is contained in Administrative Procedures G-111 and J-111, Equal Employment Opportunity and Equal Education Opportunity.

COPY 1: Student or Employee Copy 2: Student Services/Disability Specialist (Student) Shell Lake ADA Coordinator (Employee)