

MONROE COUNTY COMMUNITY COLLEGE

EMPLOYEE AND GENERAL PUBLIC REQUEST FOR ACCOMMODATION

Requester _____ SSN _____

Telephone _____ Address _____

Disability: _____

If public event: Name of event: _____
Date: _____ Time: _____
Location: _____

Describe the accommodation you are requesting (or the difficulty you are experiencing in performing your job): _____

Requester's signature _____ Date _____

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OFFICE USE ONLY

Request received by: _____ Date: _____

ACTION TAKEN (Include information or notification to requester): _____

Approximate Cost _____ Supervisor's Signature _____ Date _____

____ Please forward copy to Director of Human Resources Office