

# Employee Request for Accommodation Form

Centenary College of Louisiana  
Human Resources (318) 869-5191



The purpose of this form is to assist Human Resources in determining whether, or to what extent, a reasonable accommodation for an employee with a disability is required to perform one or more essential functions of their job safely and effectively. The employee must initiate the request for an accommodation and all information provided will be treated confidentially. To be eligible for a reasonable accommodation under the Americans with Disabilities Act, you must be qualified to perform the essential functions of your position with or without an accommodation, and have a qualifying disability that limits a major life function. **No purchase of equipment for used for an accommodation can be made without written approval from Human Resources.**

Employee Name:	Employee Phone:
Supervisor:	Supervisor Phone:
Department:	Date:

Please describe which major life activity your impairment limits.

What are the essential job functions of this position? If needed, please attach the job description.

Describe how your condition limits your ability to perform the essential job functions of your job.

Identify possible accommodations that may enable you to perform the essential functions of the job.

How will these accommodations enable you to perform the essential functions of the job?

Have you had any accommodations in the past for this same limitation?      YES      NO

If yes, what were they?

## Human Resources Use Only

Accommodation request is:	Approved	Denied	Modified
If modified, describe modification. If denied, give rationale.			

Date Employee Request for Accommodation Form Received:

Date Medical Inquiry Form Received:

Human Resources Approval Signature:

**PLEASE READ AND ACKNOWLEDGE:**

All employee accommodation information is kept in the Office of Human Resources separate from the personnel file, and regarded as confidential. Please do not provide documentation containing medical diagnosis, condition, or treatment information.

Employee requests for accommodations are evaluated on a case-by-case basis. Although the preferred accommodation indicated on this form may not be granted, the College is committed to engaging in a good-faith interactive process with you to consider all reasonable accommodations. Clear functional limitations and/or work restrictions from your medical provider are required to engage in this process. During the period of time it may take to clarify information or identify accommodations, you may be required to remain off work utilizing available personal paid leaves including sick, vacation, and extended illness leave.

I certify that all the information contained in this request form is true and correct. I understand that if an accommodation is provided and subsequently determined to be based upon misrepresentation or falsification of information, my request will be canceled.

I give the Human Resources Department at Centenary College of Louisiana permission to obtain and review my medical records to determine possible coverage and determine any reasonable accommodations under the Americans with Disabilities Act of 1990. I understand all information obtained in this request will be used in accordance with ADA confidentiality requirements. **Please have a Request for Medical Certification Form completed by your physician and attach to this request.**

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**Employee Signature**

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**Date**

**Submit this completed form to the  
Centenary College of Louisiana  
Attention: Office of Human Resources  
2911 Centenary Boulevard  
Shreveport, LA 71104**

**E-mail: [hr@centenary.edu](mailto:hr@centenary.edu)**

**Should you have any questions, please contact (318) 869-5191.**