

Employee/Applicant Name

Employee/Applicant Request for Americans with Disabilities Act ("ADA") Reasonable Accommodation Form

Lake Superior College is committed to complying with the Americans with Disabilities Act ("ADA") and the Minnesota Human Rights Act ("MHRA"). To be eligible for an ADA accommodation, you must be 1) qualified to perform the essential functions of the position and 2) have a disability that substantially or materially limits a major life activity or function. The ADA Coordinator/Designee will review each request on an individualized case-by-case basis to determine whether or not an accommodation can be made.

Employee/Applicant Name.	
Job Title:	
Work Location & Department:	
Phone Number:	
Supervisor Name:	

Data Privacy Statement: This information may be used by the agency human resources representative, ADA



B. Questions to document the reason for the accommodation request (please attach additional pages if necessary).

1. If you are an employee, what, if any, job function are you having difficulty performing; or if you are an applicant, what portion of the application process are you having difficulty participating in?

2. What, if any, employment benefits are you having diffic



This form does not cover, and the information to be disclosed should not contain, genetic information.