



Lewis-Clark State College
Request for Reasonable Accommodation

Name: _____

Position: _____

Department: _____

Supervisor: _____

Nature of the Qualifying Disability:

Requested or suggested accommodation: (Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.)

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

Have you had accommodations in the past for this same limitation? If yes, what were they and how effective were they?

Physician Contact Information: (Please provide name, address, and telephone number).

Provider Name: _____

Provider Address: _____

Office Phone: _____

Your physician will receive a letter from us requesting information on your impairment/disability and suggestions for accommodations.

Signature: _____ Date: _____