

CONFIDENTIAL

Kapi'olani Community College REQUEST FOR ACCOMMODATION

APPLICATION

(This section to be completed by employee/applicant)

Name: _____

Please print:

Last Name

First Name

M.I.

☐ KCC Employee ☐ Applicant ☐ RCUH Employee ☐ Other: _____

Work Address: _____

Email: _____ Work/Day Phone: _____

Department/Unit: _____

Supervisor: _____ Work Address: _____

Email: _____ Work/Day Phone: _____

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(This section to be completed by employee/applicant)

I am requesting the following accommodation(s): _____

It is necessary for me to receive this accommodation for the following reasons: _____

I certify that the above information is true and accurate.

Requestor's Signature

Date

NOTE TO EMPLOYEE: Information you provide will be kept confidential, except that (1) supervisors and appropriate administrators may be informed regarding reasonable accommodations or work restrictions; (2) first aid personnel may be informed when, and to the extent appropriate, you have a condition that might require emergency treatment; and (3) certain information may be disclosed if required by a civil rights enforcement agency, regulation, or law.

Please submit this form to your Personnel Officer, Dean, or Director

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DETERMINATION

(This section to be completed by the Appointing Authority of the Department receiving the request)

Your Request of _____ for an accommodation has been:
Date of Request

☐ Approved ACCOMMODATION(S) PROVIDED: _____

☐ Disapproved REASON(S) DENIED: _____

☐ Approved with Modification: _____

☐ Approved for Trial Period from _____ to _____
Comments: _____

If you disagree with my determination, you may present additional information to me within ten (10) business days of the date that this determination is made to further substantiate your request. Please call me at _____ to discuss the above decision.
(telephone/extension)

Appointing Authority's Signature _____ Date _____