

Kern Community College District  
2100 Chester Avenue  
Bakersfield, CA 93301-4099



- Bakersfield College
- Cerro Coso College
- Porterville College
- District Office

## Reasonable Accommodation Application

Instructions: Disabled applicant(s) or employee(s) requesting reasonable accomodation for their disability must complete Sections A through D. The Human Resources Director or designee will review your request for an accommodation.

Section A -- General Information				
Name (Last)	First	(Middle Initial)	Social Security Number	Date
Home Address		City	Zip	Phone
Work Location/Work Phone	Position Classification/Title		Please check (✓) one:	
			<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary

### Section B -- Statement of Condition/Reason for the Request

Describe the condition for which you are requesting an accommodation, including the current status of your situation/condition. Also, describe the impact upon your job performance, identifying specific tasks, activities, etc. and how they are affected. If necessary, attach additional pages.

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### Section C -- Request of Specific Accommodation

(1) Identify and describe any accommodation(s) that you feel is necessary. You may also include several alternate accommodations for consideration.

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(2) Have you discussed your request with your campus Human Resources Manager? If so, to whom:

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## Section D -- Reasonable Accommodation - Medical Authorization

Please attach information from your attending physician(s) regarding the medical condition described by you in Section B and complete and sign the Authorization to Receive or Release Information form. Additional copies of this form may be requested from the Risk Management and Safety Director, if needed. Your application cannot be processed until the Release of Medical Information form is completed and signed by you.

## Section E -- Confidentiality Disclaimer

This application, attachments, and all medical information subsequently requested will be considered as confidential medical information and will be retained by the District Human Resources Office, except where released by the applicant for other use.

I certify that all the information contained in this application is true and correct. I understand that if I am granted an accommodation and if it is subsequently determined that the decision was based upon material misrepresentation or falsification, I am subject to disciplinary action by the District Office, my request will be canceled, and/or I will be subject to immediate consideration for transfer or termination.

Signature of Employee

Printed Name of Employee

Date

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