Office of Accessibility Services
Hudson County Community College

Employee Accommodation Request Form

Employee Information			
Name	Position		
Department	Employee ID	Cell Phone	Campus Ext.
Email @hccc.edu	Status ☐ Staff ☐ Faculty	Campus ☐ Journal Square ☐ North Hudson	
Supervisor's Name	Supervisor's Email/Campus Ext.		

Describe the nature, severity and duration of your disability which supports your request for a reasonable accommodation.

If applicable, describe how your condition interferes with your ability to perform the essential functions of your job.

Describe the accommodation(s) that you believe would enable you to perform the essential functions of your job.

Signature	Date