

File # _____

GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT

Employee Disability Accommodation Response

Employee Name _____ Site _____

SUPERVISOR: (Please complete and return to Risk Management)

1. Please comment on employees request for accommodation: _____

2. Is the above mentioned employee performing the essential functions of the job in a satisfactory manner? Yes No

3. Would this accommodation be burdensome on the department or area under your supervision?
Yes No. If yes, please describe: _____

Dean/Director comment: _____
_____ Initial: _____

V. President/President comment: _____
_____ Initial: _____

4. In your opinion, is this a reasonable request for accommodation? Yes No

5. Describe the action taken to meet this accommodation:

Department Level _____
_____ Date: _____

Dean and Director Level _____
_____ Date: _____

Vice-President and President Level _____
_____ Date: _____

_____/_____
Supervisor Print Name ext. Signature Date