Washington College, whose mission is to provide educational opportunities, fully supports and seeks to comply fully with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The College strives to create a welcoming environment for all and will work in good faith to meet the needs of persons with special needs. The College endeavors to provide opportunities for success, with as few deterrents as possible to students, employees, and visitors.

The following procedures are in place to assist employees with needs for accommodation: If assistance is desired, employees are encouraged to contact Andrea Vassar, Director of Disability Services and the Office of Academic Skills/Section 504/ADA Coordinator for employees (Miller Library, Extension 7883), to discuss any accommodation needs. Completing and submitting the form below to the ADA/504 Coordinator begins the accommodations request process, and allows the Coordinator to make requests on the employee’s behalf. Disclosure of disability is voluntary.

Employee Name: _______________________________ Employee ID _____________________

Campus Location: ____________________________ Extension ________________________

Position ________________________________ Supervisor ________________________

Documentation of disability may be required. If so, such documentation will be maintained in a confidential file separate from the employee’s personnel record.

Questions to clarify accommodation reason and request: Please use a separate sheet for your responses and attach it to this form.

1. What specific accommodation are you requesting?
2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?
3. Is your accommodation request time sensitive?
4. What, if any, job function are you having difficulty performing?
5. What, if any, employment benefit are you having difficulty accessing?
6. What limitation is interfering with your ability to perform your job or access an employment benefit?
7. Have you had any accommodations in the past for this same limitation? If so, please explain.
8. If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide any additional information that might be useful in processing your accommodation request.

_______  ____________________  
Employee Name Date

Please send this form and any attachments to: Andrea Vassar, Director of Disability Services and the Office of Academic Skills/Section 504/ADA Coordinator, Office of Academic Skills, Miller Library.

Washington College does not discriminate on the basis of race, sex, color, national or ethnic origin, age, religion, marital status, handicap or disability, or sexual orientation in the administration of any of its educational programs and activities or with respect to admission and employment.