



IECC Employee ADA Accommodation Request

NAME:	
WORK PHONE:	HOME/CELL PHONE:
EMAIL:	
POSITION:	
LOCATION/COLLEGE:	
SUPERVISOR:	

(Please refer to Policy and Procedure 100.12 for additional guidance.)

NATURE OF THE QUALIFYING DISABILITY: (Please describe the nature, extent, and duration of your disability.)

REQUESTED/SUGGESTED ACCOMMODATION: (Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.)

Signature: _____

Printed Name: _____

Date: _____

Please email or fax form directly to Human Resources:

Email: IECCHR@iecc.edu

Fax: (618) 395-1819

Human Resources will contact you once the form is received.