

Workplace Accommodation and/or Adjustment Help Sheet

Steps for Employees Who Have a Request for an Accommodation Based on a Qualifying Disability

1. Contact your direct supervisor.
2. Ask your direct supervisor for the contact information for the [site ADA Coordinator](#).
3. Meet with the site ADA Coordinator for assistance with your disability request.
4. Complete all required forms provided by the site ADA Coordinator.
5. Participate in the Interactive Process. Additional medical documentation may be required.
6. Remember: Requests for disability-related accommodations are considered according to [District policy](#).

Steps for Employees Who Have a Request to Adjust Their Work Schedule, Duties, or Request to Work from Home Due to a COVID-Related Concern (Not a Disability)

1. Contact your direct supervisor.
2. Ask your direct supervisor for the Request for Work Schedule/Duties Adjustment form.
3. Once the form is completed, meet with your direct supervisor to discuss your request.
4. Remember: Requests are subject to review by the college and/or District administration.

Steps for Employees Who Choose to Remain at Home Due to COVID-19 Related Precautions

1. Contact your direct supervisor.
2. Complete all attendance certification reports (ACR) for absences. ACRs must be completed and processed through your direct supervisor and home campus.
3. Absences over 5 days must be accompanied by a formal leave of absence.
4. Employees are able to use their illness and vacation quotas for this purpose.
5. Caution: Extended absences can result in what is called “exhaustion of leave” status for the employee. Employees should review quota statements regularly.

Attachment B

**LOS ANGELES COMMUNITY COLLEGE DISTRICT
Work Schedule, Duties or Work from Home Due to a COVID-Related
Concern Request Form**

Form for Employees Who Have a Request to Adjust Their Work Schedule, or Duties, or Request to Work from Home Due to a COVID-Related Concern (Not a Disability). This form should **NOT** be used to request a disability accommodation. For requesting an accommodation resulting from a qualifying disability, please contact the ADA Coordinator at your worksite.

Employee Information

Name: _____ Phone Number: _____

E-mail: _____ Shift: _____

Current Position: _____

Department: _____ Campus: _____

Name of Immediate Supervisor: _____

Schedule, Work Duties or Work from Home

- Temporary change in arrival from _____ AM PM TO _____ AM PM
- Temporary change in departure from _____ AM PM TO _____ AM PM
- Temporary change in building/facility
- Temporary change to work from home. New duties will be assigned and can include assisting other campus departments with remote student services. Remote professional development is not being offered under this MOU.

Please describe how this temporary adjustment will assist you:

Please state the day this request needs to begin:

If you are not sure what kind of schedule and/or work assignment change is needed, what suggestions would you like your campus to consider? Please be specific.

Please describe the nature of your COVID-Related concern.

If you are currently under the care of a licensed medical/health professional, please attach documentation that supports this request.

Signature _____ Date: _____

All medical information shared with the District through this process will be maintained separately from personnel files and in accordance with all federal and state requirements. Requests for alternate formats can be made by contacting the ADA Compliance Administrator.

For District Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
_____ Signature of Acknowledgement	_____ Date
_____ Printed Name	_____ Title