AURARIA HIGHER EDUCATION CENTER
ACKNOWLEDGEMENT OF JOB ACCOMMODATION

Employee Name_____**Title**_____**Div/Dept**_____**Date**____

I have been advised by my treating health care provider that certain of my work activities must be restricted or modified due to an injury/illness/condition unrelated to my employment at the Auraria Higher Education Center (AHEC). I understand that these limitations, which are described on the attached Fitness for Duty/documentation letter, may be permanent and have requested that AHEC provide me with an accommodation that will allow me to continue working. I understand that AHEC is able to provide me the accommodation described below.

I understand that I am responsible for working within my physical limitations, and I agree to work within these limitations and to perform my job in accordance with the accommodations described below. I further agree accommodation will not require me to work beyond my physical limitations. If at any time I feel I cannot do my work because of my identified limitations, I will notify my supervisor and the AHEC Director of Human Resources and arrange to be evaluated by my health care provider.

I understand I am required to contact my supervisor and the AHEC Director of Human Resources if my health care provider modifies my restrictions in any manner. I further understand my accommodations will periodically be evaluated, and I may be required to submit additional documentation. I understand that if I believe I have been subjected to discrimination based on my disability, I have the right to file a formal complaint within 10 days from the alleged discrimination. Copies of the Grievance Procedure are available in AHEC Human Resources.

I have read the above and understand its terms and conditions.

Employee's signature_____Title_____Date: _____

The Auraria Higher Education Center is able to modify the employee's regular job duties, or provide alternative work, as described below (attach additional sheets if necessary):

_____   Date_____
AHEC Director of Human Resources

_____   Date_____
ADA Resource Panel Members

_____   Date_____
Supervisor