EMPLOYEE QUESTIONNAIRE

This questionnaire is designed to assist in complying in good faith with the requirements of applicable laws, rules and regulations relating to accommodating employees with disabilities. Your answers will assist our efforts to determine if you meet the criteria necessary to be considered a person with a disability and if so, assist in identifying potential reasonable accommodation(s) to your known disability. Please sign and return the completed form and direct any questions regarding it to:

Vice President of Human Resources
Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362
Phone: (509) 527-4382
Fax: (509) 527-4313

1. What is your physical or mental impairment which is the basis for your request for reasonable accommodation(s)?

2. Please describe the limitations or symptoms of your impairment which you believe substantially limit a major life activity.

3. Do you take medication, use a prosthetic device, use eyeglasses or hearing aides, or other types of mitigating measures to control or eliminate the symptoms or limitations of your impairment?

   _____ YES _____ NO

4. If yes, identify the precise mitigating measure(s) you are using to control or eliminate the symptoms or limitations of your impairment.

5. If you identified more than one mitigating measure, describe how each mitigating measure controls or minimizes the symptoms and limitations of your impairment.

6. If taking more than one medication, describe how each medication controls or minimizes the symptoms or limitations of your condition, the side effects of each medication, and whether the two medications together cause a new limitation.

7. How long have been using the mitigating measure(s)?

8. Have you used other mitigating measures in the past?

   _____ YES _____ NO

9. If yes, what were those mitigating measure? When and for how long did you use them?

10. Have you developed coping mechanism or learned behavior to control or eliminate the symptoms or limitations of your impairment?

    _____ YES _____ NO

11. Describe any specific behaviors you have developed to cope with the limitations or symptoms of your impairment

12. Do your coping mechanism(s) or mitigating measures control or eliminate the limitations or symptoms of your impairment?

    _____ All of the time _____ some of the time

13. If some of the time, please describe when and for how long the mitigating measures control or eliminate the limitations or symptoms of your impairment.

14. Are there limitations or symptoms of your impairment that are not controlled or eliminated by your mitigating measures or coping mechanisms?

    _____ YES _____ NO

15. If your coping mechanisms or mitigating measures do not control or eliminate the limitations or symptoms of your impairment, or only control or eliminate the limitations or symptoms of your impairment some of the time, describe when and how you are limited by the limitations or symptoms of your impairment.

16. Describe the affect of these limitations or symptoms on your ability to perform the tasks associated with your job.

17. Describe how these limitation or symptoms affect your ability to perform daily life activities outside of work.

I certify that the foregoing statements are complete, accurate, and true to the best of my knowledge. I also understand that WWCC may require me to undergo testing or evaluation by medical personnel or vocational rehabilitation specialists selected by WWCC, at WWCC expense, for the purpose of establishing the existence and extent of my disability, and my ability to perform job-related functions with or without reasonable accommodation. I further understand that WWCC is not obligated to provide any specific accommodation I request, but will evaluate my request in light of all information available in making a determination of what is a reasonable accommodation.

Signature: _____ Date: _____

Name (Please Print): _____

DEFINITIONS

"DISABILITY" includes a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having as impairment.

"MAJOR LIFE ACTIVITIES" are those basic activities that the average person in the general population can perform with little or no difficulty. They include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

"ESSENTIAL FUNCTIONS" of a position are those fundamental job duties of the employment position – not the marginal functions. Functions may be essential for any of several reasons, for example, if they are the reason the position exists, only a limited number of employees perform them, if they are highly specialized, or the consequences of not performing them are significant.

"REASONABLE ACCOMMODATION" includes modification or adjustment to the job or work environment to enable a qualified individual with a disability to perform the essential functions of the job in question.

These definitions are provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definitions of these terms or impose obligations on WWCC not required by law.