

REQUEST FOR REASONABLE ACCOMMODATION

Collins Companies will make reasonable accommodation to qualified applicants and employees with disabilities to enable them to perform the essential functions of their jobs, or to enjoy the equal benefits and privileges of employment and the employment process, unless providing such accommodation would impose an undue hardship. This form shall be made available to and used by all applicants and employees requesting reasonable accommodation, in conjunction with the Companies' Reasonable Accommodation Policy and Procedure.

INSTRUCTIONS: Applicants should complete sections I and II and submit this form to the company staff supervising the application process. Current employees should complete sections I and III and submit this form to their immediate supervisors. Supervisors receiving requests for reasonable accommodation should complete section IV, return one copy of the completed form to the applicant or employee requesting the accommodation, and immediately forward the second copy of the form to the company Disability Rights Coordinator (DRC) at HR@colcon.com. The DRC should complete and update Section V as appropriate. Company supervisory staff and/or DRCs shall assist applicants or employees in completing this form where requested.

Section I - This section should be completed by both applicants and current employees.

Name _____
Address _____
Phone _____
Accommodation Requested (attach additional sheets and supporting documentation as appropriate) _____

Section II - Complete this section only if you are a job applicant.

Position/title applied for _____
Company or End Client (if known) _____
Location of Position (if known) _____
Job Number (if known) _____
Part(s) of employment process for which an accommodation is requested (e.g., application, examination, interview) _____
Company Contact Person (if known) _____
Date of Interview _____

Section III - Complete this section only if you are an employee (even if you are currently on leave).

Position/Title _____
Company/End Client _____
Location _____
Supervisor _____

Section IV - To be completed by company staff supervising the employment application process or supervising an employee requesting a reasonable accommodation.

Supervisor Name and Title _____
Location _____
Phone Date Request Received _____
Supervisor Signature _____

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After completing this section, supervisors must return a copy of this form to the applicant or employee, immediately send a copy to the company DRC, and take such further action as is required by the Reasonable Accommodation Policy and Procedure.

Section V -To be completed by the company Disability Rights Coordinator.

Name _____

Location _____

Phone _____

Date Received _____

Disability Rights Coordinator Signature _____

DRC comments, with date (DRCs should consult the Reasonable Accommodation Policy and Procedure for further guidance on documenting progress and monitoring implementation of any reasonable accommodation).

1 copy to applicant

1 copy to DRC

1 copy to company staff or supervisor