

APPENDIX #1

**AMERICANS WITH DISABILITIES ACT
REASONABLE ACCOMMODATION REQUEST**

Instructions For Employee Requesting Accommodation

- Upon receiving this package, please sign, date and tear off the Request For Accommodation Acknowledgment Form provided at the bottom of this instruction sheet. **Leave the Acknowledgement Form only with your Principal/Department Head or immediate Supervisor.**
- Complete the Reasonable Accommodation Request Form (ADA form 4702) and return to the Equal Educational Opportunities/ADA Compliance Department, 14th Floor, KCW Building, within 10 working days of the date you received this package.
- Once received, the EEO/ADA Department will contact your immediate Supervisor for input. If necessary, a meeting with you, your supervisor, and the EEO/ADA Department will be scheduled.
- Within 30 days of receiving all relevant documents, including information from your physician or health care specialist, the EEO/ADA Department will inform you and the Principal/Department Head or immediate Supervisor of its findings and recommendations.

Questions regarding this process should be addressed to the Equal Educational Opportunities/ADA Department at (754) 321-2150.

**Request for Accommodation
Acknowledgment Form**

Supervisor: Please complete and submit (**bottom portion only**) to the Equal Educational Opportunities/ADA Compliance Department, 14th Floor, KCW Building.

Date: _____ Employee's Name: _____

Employee's Signature: _____ School/Department: _____

Supervisor's Name: _____ Phone Number: _____

Supervisor's Signature: _____

**AMERICANS WITH DISABILITIES ACT
REASONABLE ACCOMMODATION REQUEST FORM
(To be completed by the employee)**

This section contains confidential information and must be kept separate from personnel records. Answer each of the following questions on pages one and two (if necessary, attach a separate sheet). Once completed, please submit to the Equal Educational Opportunities/ADA Compliance Department, 14th Floor, KCW Building, within 10 working days of the date received.

Name (Last, First, Middle Initial) _____

Home Address _____
(Please include full address, house/apt. number, city, state, zip code)

Current Job _____ School/Department _____

Work Phone _____ Cell/Day Phone _____

Name/Title of Principal/Department Head _____

To be eligible for a reasonable accommodation under the Americans with Disabilities Act, you must have an impairment that substantially limits a major life activity.

1. Please describe your impairment and how it limits a major life activity.

2. What job tasks are you unable to perform because of the functional limitations of the impairment? Explain how your impairment prevents you from performing these tasks.

3. What type of accommodation do you need to enable you to perform your job?

Note: In accordance with the Equal Employment Opportunity Commission Enforcement Guidance:

*“Reassignment to another position will be considered **Only** when an accommodation is not possible in an employee’s present job or when an accommodation in the employee’s present job would cause an undue hardship.”*

4. Will you be able to perform the essential functions of your current job if you receive this accommodation?

5. Please provide any other information and suggestions you might have on how this accommodation can be provided. Include, if applicable, names, addresses, and telephone numbers of vendors and, if available, model numbers of any equipment specified above.

If necessary, may we request information concerning your disability from your treating physician or health care specialists on the limitations that result because of your disability? _____ Yes _____ No

Employee’s Signature _____ Date _____

Please list the names, addresses, and phone numbers of the health care specialists that have a good knowledge of your disability.

(Note: Refusal to provide medical documentation concerning your disability may result in a denial of your request for reasonable accommodation.)

For EEO/ADA Department's Use Only
REQUEST FOR REASONABLE ACCOMMODATION

Employee's Name _____ Department/School _____

Request Approved: _____ Request Denied: _____

Accommodation(s) Approved:

Reason(s) for Denial:

Additional Comments:

EEO/ADA Director's Signature

Date