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 Department, 8th Floor, KCW Building, within 10 working days of the date you received this package.

- Once received, the EEO Department will contact your immediate Supervisor for input. If necessary, a meeting with you, your supervisor, and the EEO Department will be scheduled.

- Within 30 days of receiving all relevant documents, including information from your physician or health care specialist, the EEO 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 Department at (754) 321-2150.

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Request for Accommodation
Acknowledgment Form

Supervisor: Please complete and submit (bottom portion only) to the Equal Educational Opportunities Department, 8th Floor, KCW Building.

Date:_________________________Employee’s Name:__________________________

Employee’s Signature:________________School/Department:__________________

Supervisor’s Name:______________________Phone Number:__________________

Supervisor’s Signature:____________________________

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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 Department, 8th Floor, KCW Building, within 10 working days of the date received.

Name (Last, First, Middle Initial)__________________________________________

Current Job_________________________ School/Department ____________________

Work Location_______________________ Work Phone___________________________

Name/Title of Principal/Department Head____________________________________

Phone Number_____________________

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.)
REQUEST FOR REASONABLE ACCOMMODATION

Employee’s Name_____________________Department/School_________________

Request Approved:_______________ Request Denied:_____________________

Accommodation(s) Approved:

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____________________________________________________________________
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Reason(s) for Denial:

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Additional Comments:

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EEO Director’s Signature ______________________ Date ____________

ADA form 4702
Rev. 1/9/02, 1/28/03, 1/10/05