

This district is committed to complying with all applicable provisions of the Americans with Disabilities Act (“ADA”) and Section 504 of the Rehabilitation Act of 1973 (“Section 504”). Accordingly, this district will not discriminate against any qualified employee or applicant for employment with regard to any terms or conditions of employment because of such individual’s disability or perceived disability so long as the employee or applicant can perform the essential functions of the job. Consistent with this policy of non-discrimination, this district will provide reasonable accommodations to a qualified individual with a disability, as defined by the ADA, who has made the district aware of his or her disability, provided that such accommodation does not constitute an undue hardship on the district. Employees with a disability who believe they need a reasonable accommodation to perform the essential functions of their job should contact the district’s 504/ADA Coordinator as specified in Policy 292.



LEGAL REFERENCE:

Americans with Disabilities Act,
42 USC 12101
28 CFR §35.107(a)
28 CFR §35.107(b)
28 CFR §35.130(a)
Section 504 of the 1973 Rehabilitation Act
29 USC 794

ADOPTED: FEBRUARY 10. 2016

AMENDED:

**[NAME OF SCHOOL DISTRICT]
EMPLOYEE/APPLICANT REQUEST FOR REASONABLE ACCOMMODATION**

This form is intended to assist [name of school district] in assessing your request for a reasonable accommodation. This information will be part of an interactive process with you as we explore your request. This form and any additional medical information provided related to this request will be kept separate from your personnel file. Your responses may generate the need for additional medical information.

Please complete the form and return to: [name of district and HR or Section 504/ADA coordinator, address]

Check One: Applicant _____ Employee _____

Name _____ Supervisor/Principal Name _____

Position Title _____ School/Office _____

A. *Identify your impairment(s) and indicate how you believe each impairment affects your job application process or your ability to perform your job duties (please be as specific as possible):*

B. *State the accommodation(s) you believe are necessary to enable you to participate in the job application process or to perform the essential functions of your job, and explain how the suggested accommodation(s) will assist you (please be as specific as possible):*

Employee Signature _____ Date _____

For District Use Only

- Eligible for accommodation(s) listed above*
- Ineligible for accommodation(s) due to insufficient documentation; list: _____*
- Ineligible for accommodation(s) for other reasons; list/attach: _____*
Duration of accommodation(s): _____ to _____

Signature of HR/Section 504/ADA Coordinator: _____ Date: _____
Superintendent Initials: _____ Date: _____

*[NAME OF SCHOOL DISTRICT]
MEDICAL RELEASE*

I, _____, authorize [name of school district] to communicate with and receive medical records or other information from [name of physician, psychiatrist, psychologist or other health care professional], and I authorize all parties to share any information deemed necessary to assist the District in determining what reasonable accommodations, if any, are necessary for me to perform the essential functions of my position/participate in the job application process. I further agree to execute any and all forms deemed necessary by the healthcare provider to comply with the Health Insurance Portability and Accountability Act (HIPAA).

This authorization does not allow for sharing genetic information. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

SIGNED this _____ day of _____, 20__.

Printed Name: _____ SSN: _____

Address: _____ City/State: _____ Zip: _____

Phone: (Home or Mobile) _____ (Work) _____

Signature: _____

Witness Signature: _____ Date: _____

[DISTRICT LETTERHEAD]
DATE

Name of Healthcare Provider
Address

RE: [Name of Employee/Applicant] Request for Reasonable Accommodation

Dear [name]:

[Name of employee/applicant] [is currently employed by] [is seeking employment with] the [name of school district] as a [job title] at [name of school]. The employee/applicant has requested an accommodation to enable him/her to [perform the essential functions of his/her position] [participate in the job application process] as a result of having a physical or mental impairment. As a result, I am seeking information concerning the employee's/applicant's condition and his/her ability to [perform the essential functions of his/her position] [participate in the job application process]. [A copy of the job description is enclosed for your review.]

I have attached a Medical Release signed and dated by the employee/applicant, as well as the employee job description and a Physician's Request for Accommodations form. Please complete the Physician's Request for Accommodations Form and return to:

Name of Administrator
Address

You may fax the request to: number or email it to: email address.

Please note that the Genetic Information Nondiscrimination Act of 2008 (GINA) (29 CFR §1635.8) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, please do not provide any genetic information when responding to this request for medical information. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or embryo lawfully held by and individual or family member receiving reproductive services. Please do not send general information related to office visits as such information may contain medical information not relevant to the request for accommodation.

If you have any questions regarding the essential job functions or how they relate to the employee's condition, I encourage you to contact me at [phone number]. Thank you in advance for your assistance.

Sincerely,
[name of administrator]
[title]
[Enclosure: Job Description]

***[NAME OF SCHOOL DISTRICT]
PHYSICIAN REQUEST FOR REASONABLE ACCOMMODATION***

Please complete the form and return to: [name of district and HR or Section 504/ADA coordinator, address]

Employee/Applicant Name _____

Position Title _____ *School/Office* _____

A. Identify the employee/applicant's impairment(s) and indicate how the impairment affects his/her ability to participate in the job application process or ability to perform his/her job duties (please be as specific as possible):

B. State the accommodation(s) necessary to enable the employee/applicant to participate in the job application process or to perform the essential functions of his/her job, and explain how the suggested accommodation(s) will assist the employee/applicant (the position and essential job functions are attached):

Name of Healthcare Provider Providing Information: _____

Address: _____ *City/State:* _____ *Zip:* _____

Contact Number: _____

Signature _____ *Date* _____

A request for accommodation may be made orally to an employee's direct supervisor, building principal, superintendent or the 504/ADA Coordinator. Once the district becomes aware of the request for accommodation, the district will provide the employee with a reasonable accommodation request form, which form is used to enable the district to keep accurate records regarding requests for accommodations. The reasonable accommodation form (Policy 401F1) can be found on the district's website. Requests should include an explanation of how the disability affects job duties and the accommodation(s) the employee is seeking.

Requests for accommodation made to persons other than the 504/ADA Coordinator shall be turned over to the 504/ADA Coordinator within three (3) business days for further action. After the 504/ADA Coordinator receives notice of a request for accommodation, the Coordinator will, within seven (7) business days, initiate the interactive process with the employee or applicant to address one or more of the following:

- *Determination of whether the employee or applicant is a "qualified individual with a disability" under the ADA;*
- *Request the individual to provide reasonable documentation about his/her disability and functional limitations, where the need for accommodation is not obvious;*
- *Clarify what accommodation the individual is seeking; and/or*
- *Determine whether reasonable accommodations would allow the individual to perform the essential functions of the job.*

The 504/ADA Coordinator may request additional information (including seeing a health professional at the district's expense) to verify that the employee has a disability under the ADA/Section 504 and the limitations that disability imposes on the employee's ability to perform essential job functions.

The district will make reasonable efforts to notify the individual with the disability that it has granted or denied his/her request for accommodation within fifteen (15) business days the request was received by the Coordinator. When there are extenuating circumstances that require longer than fifteen (15) business days, the Section 504/ADA Coordinator will notify the individual regarding the status of his/her request and provide an estimated time to resolution. The Section 504/ADA Coordinator will notify the individual at least once every ten (10) business days thereafter regarding the status of the request and any revised estimated time to resolution. Notifications required by this paragraph may be satisfied through any of the following forms of communication with the individual: face to face meeting, telephone, first class mail, inter-office mail, email or other similarly effective forms of communication.

When the request is granted, the district will promptly provide the accommodation. The district may choose among reasonable accommodations as long as the chosen accommodation is adequate to enable the individual to perform the essential functions of the relevant position. As

part of the interactive process, the district may offer alternative suggestions for reasonable accommodations and discuss their effectiveness.

An accommodation may be denied if it would cause an undue hardship. Undue hardship must be based on an individualized assessment of current circumstances that show that a specific accommodation would cause significant difficulty or expense.

An accommodation may be denied if it would cause a direct threat to the employee or applicant making the request or others in the workplace and the threat cannot be eliminated by reasonable accommodation.

An employee or applicant who has questions regarding this policy should contact the 504/ADA Coordinator. An employee or applicant who believes that he/she has been discriminated against based on a disability may submit a complaint using the grievance procedures in Policy 294P1. All inquiries regarding requests for accommodation and complaints will be treated as confidential to the extent permissible by law.



LEGAL REFERENCE:

Americans with Disabilities Act,
42 USC 12101
28 CFR §35.107(a)
28 CFR §35.107(b)
28 CFR §35.130(a)

Section 504 of the 1973 Rehabilitation Act
29 USC 794

ADOPTED:

AMENDED: