

Workplace Accommodation Request Form

The purpose of this form is to assist the district in determining whether or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. *This form will be filed separately from the employee's personnel file and be treated confidentially.*

Section 1: To be completed by the employee requesting the accommodation:

Employee Name:	Date:	Telephone:
Building/Department:	Position:	
Principal/Supervisor:	Date Rcvd:	

I give the _____ School District permission to explore coverage and reasonable accommodations under the American with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where the District requires input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize the Binghamton City School District to consult with the medical/mental health professional that provided documentation.

_ Signature of Employee Date

Reasonable Accommodation Request Form:

Please answer the following questions to assist the district in understanding the basis and nature of your request for a reasonable accommodation. Attach additional sheets if necessary.

A. Indicate physical or mental limitation(s) and expected duration of limitation(s).

B. Explain how the disability/limitation affects the ability to perform one or more functions of your job:

C. List requested, reasonable accommodations you believe are necessary to perform the essential functions of your job. Please be specific if equipment is requested.

D. Has a physician, vocational rehabilitation specialist or other health professional recommended a specific accommodation? Yes No

If yes, please attach a copy of their recommendations. *Please submit this form in person to the Personnel Office or via email to bcsdpersonnel@binghamtonschools.org or mail to 164 Hawley Street Binghamton, NY 13902*

For questions or assistance completing the form please call the Director of Personnel @ 762-8100 ext. 312

Section 2: For District Use:

Request Received _____ (Date) _____ (Received by)

Medical Note Received: Yes No If No, Requested Date: _____

Review Meeting Held: _____ (Date)

Accommodation Approval: Yes No

Alternate Accommodation:
