Request Reasonable Accommodation for Employees

Application to Request Reasonable Accommodation for Employees
(To be completed by employee and returned to *DRA*)

Application for reasonable accommodation is made to the agency's *Designee for Reasonable Accommodation (DRA)*. **All confidential information received by the agency's personnel pertaining to your request shall be handled as such.** All medical information is confidential and maintained separately from personnel records.

Last Name	First Name	Middle Initial
Address		
Job Title	Work Location	Work Phone Number
Supervisor	E-mail address:	
Mobile Phone Number	Preferred method of communication:	

I am requesting the following reasonable accommodation(s):
It is necessary for me to have this accommodation for the following reason(s):

Employee Signature	Date

The employee should retain a copy of this form. The original is filed by the *DRA*.

Request Reasonable Accommodation for Employees

Initial Response to Request for an Accommodation
(To be completed by DRA)

Name of Employee:

We have reviewed your application for an accommodation.

☐ Your request has been approved

Comments:

☐ No decision has been made at this time. We will continue to assess your request.
The agency's DRA will contact you within the next two weeks.

Comments:	
Agency's DRA's Signature	Date
Agency's DRA's name:	

The employee should retain a copy of this form. The original is filed by the *DRA*.

Request Reasonable Accommodation for Employees

Notification of Need for Additional Information
(To be completed by the *DRA* and returned to the employee)

Name of Employee:

We are continuing to assess your request. To make a determination, we need the following information:

☐ **Medical Documentation**

Please inform your doctor of your application for an accommodation and have your doctor send us medical documentation, indicating the limitations that your disability would place on your job performance.

Information should be sent by the following date: _____

The requested information should be provided to the agency's Designee for Reasonable Accommodation (DRA).

All medical information pertaining to Reasonable Accommodation must be kept confidential by the Agency.

☐ Other

Explain:

☐ We require no additional information from you at this time.

The review process will include an evaluation of all relevant information. This may include an interview with you and/or your supervisor. After completion of the review, you will be informed in writing by the DRA, regarding the decision.
We anticipate that the decision will be made by this date: _____.
If you have any questions, please contact the DRA.

Signature of Agency's DRA	Date

The employee should retain a copy of this form. The original is filed by the Agency's DRA.

Request Reasonable Accommodation for Employees

Notification of Agency Determination:
(To be completed by the DRA and returned to the employee)

Name of Employee:

Based on the information you provided, we are to provide you with a reasonable accommodation of your disability, as follows:

☐ The accommodation granted is as you requested in your application.

☐ The accommodation granted differs from the accommodation you requested, as follows:

Please discuss any questions regarding implementation of the accommodation with your supervisor. A letter from the Designee for Reasonable Accommodation (*DRA)* confirming this decision will be sent to you within the next week once you accept the accommodation. If you have any questions, please call the DRA. The employee should retain a copy of this form and return the original with his or her signature to be filed by the DRA.

I accept _____/ reject_____ the above reasonable accommodation.	
Employee Signature	Date

Request Reasonable Accommodation for Employees

Notification of Agency Denial of Reasonable Accommodation
(To be completed by the DRA and returned to the employee)

Name of Employee:

Based on the information you provided, we are unable to provide you with a reasonable accommodation of your disability, as you requested on _____.

We are denying your request for the following reason(s):

Signature of Agency's DRA	Date

If you have any questions, please call the Agency's DRA. The employee should retain a copy of this form. The original will be filed by Agency's DRA.

Request Reasonable Accommodation for Employees

Request to Appeal a Reasonable Accommodation Determination to the Superintendent
(To be completed by the Employee and returned to the Superintendent)

This form and all available relevant documentation must be completed by the employee and submitted to the Superintendent within 15 calendar days of receiving the Notification of Agency Denial of Reasonable Accommodation form.

Name:	Telephone Number:
Mailing Address:	Email Address:
Preferred Method of Communication:	
Agency/Location/Office/Division	Job Title:
Date of Initial Request for Accommodation:	Specific Accommodation Requested:
Date of Agency Determination (Modification or Denial of Reasonable Accommodation Request):	Medical Limitation:

Please provide as much of the following information as is available to you to go along with this Request to Appeal:

Reasonable Accommodation Request:

- ☐ Initial Request for Accommodation
- ☐ Agency Confirmation of the Received Request for Accommodation
- ☐ Agency Request for Additional Supporting/Medical Documentation
- ☐ Agency Determination of the Request for Accommodation

Correspondence/written communication with your agency

- ☐ Any email or hard copy correspondence with your agency related to the requested accommodation. Do not delete or eliminate any information from emails/email chain.

Medical Documentation

- ☐ In addition to medical documentation, please also include any agency requests for additional documentation and/or requests to speak directly with a medical professional.

Job Duties

- ☐ Detailed description of job duties and responsibilities

Signature _____ Date _____

Request Reasonable Accommodation for Employees

Determination of Appeal to the Superintendent:
(To be completed by the Superintendent and returned to the employee)

Name of Employee:

Based on the information you provided:

☐ The appeal was granted

☐ The appeal was denied for the following reasons:

I accept _____/ reject_____ the above decision.	
Employee Signature	Date

Request Reasonable Accommodation for Employees

Request to Appeal a Reasonable Accommodation Determination to the Board of Education
(To be completed by the Employee and returned to the Board of Education)

This form and all available relevant documentation must be completed by the employee and submitted to the Board of Education within 15 calendar days of receiving the Determination of Appeal to the Superintendent form.

Name:	Telephone Number:
Mailing Address:	Email Address:
Preferred Method of Communication:	
Agency/Location/Office/Division	Job Title:
Date of Initial Request for Accommodation:	Specific Accommodation Requested:
Date of Agency Determination (Modification or Denial of Reasonable Accommodation Request):	Medical Limitation:

Please provide as much of the following information as is available to you to go along with this Request to Appeal:

Reasonable Accommodation Request:

- ☐ Initial Request for Accommodation
- ☐ Agency Confirmation of the Received Request for Accommodation
- ☐ Agency Request for Additional Supporting/Medical Documentation
- ☐ Agency Determination of the Request for Accommodation

Correspondence/written communication with your agency

- ☐ Any email or hard copy correspondence with your agency related to the requested accommodation. Do not delete or eliminate any information from emails/email chain.

Medical Documentation

- ☐ In addition to medical documentation, please also include any agency requests for additional documentation and/or requests to speak directly with a medical professional.

Job Duties

- ☐ Detailed description of job duties and responsibilities

Signature _____ Date _____

Request Reasonable Accommodation for Employees

Determination of Appeal to the Board of Education:
(To be completed by the Board of Education and returned to the employee)

Name of Employee:

Based on the information you provided:

☐ The appeal was granted

☐ The appeal was denied for the following reasons:

I accept ____/ reject____ the above decision.	
Employee Signature	Date