

**Aberdeen School District #58
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: _____