



REQUEST FOR ACCOMMODATION

The Sequim School District is committed to complying with the Americans with Disabilities Act (ADA). To be eligible for an ADA accommodation, you must be 1) qualified to perform the essential functions of your positions and 2) have a disability that limits a major life activity or function. The Human Resources Director will review each request on an individualized case-by-case bases to determine whether or not an accommodation can be made.

Employee Last Name Employee First Name Middle Initial Social Security Number (last 4 digits)

Mailing Address City State Zip

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Primary Phone Secondary Phone Email Address

Current Job Title Location

Data Privacy Statement: This information may be used by Human Resources to receive medical information for purposes of providing reasonable accommodations under the ADA. This information is necessary to determine whether you have a disability as defined by the ADA, and to determine whether any reasonable accommodation can be made. The provision of this information is strictly voluntary; however, if you refuse to provide it, your request for reasonable accommodation my be denied.

ACCOMMODATION(S) REQUESTED

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

Please explain:

REASON FOR REQUEST FOR ACCOMMODATION

What, if any job function are you having difficulty performing?

What, if any employment benefit are you having difficulty accessing?

What limitation as a result of your physical or mental impairment is interfering with your ability to perform your job or access an employment benefit?

If you are requesting a specific accommodation, how will that accommodation be effective in allowing you to perform the functions of your job?

Employee Signature Date

REQUEST FOR ACCOMMODATION PHYSICIAN STATEMENT

MEDICAL DOCUMENTATION

Sequim School District requests that the treating physician of the employee named on this form provide information to enable Sequim School District to assess whether there is a reasonable accommodation that can be provided to permit the employee to perform the essential functions of their position.

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 employees or their family members. In order to comply with this law, we are asking that you 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 an 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.

Physician's Name

Telephone Number

Dates of Treatment

Probable Duration of Condition

Is Employee substantially limited in any major life activities as a result of his/her health condition? If so, please identify the major life activities.

Is Employee unable to perform any of the essential functions of his/her job as listed in the position description or limited in his/her ability to do so? If so, please identify each limitation or inability to perform and the expected duration.

Does the condition cause Employee any functional limitations (such as limitations in the ability to reach, stand, bend, grip, concentrate, speak, etc.)? If so, please describe the limitations and their expected duration.

Based upon your knowledge of Employee's condition, are there any accommodations that Sequim School District can provide that you believe would permit Employee to perform the essential functions of his/her job?

Does Employee require leave from work or a reduced schedule as a result of his/her health condition? If so, please indicate what additional leave is required and/or what schedule of work Employee is able to adhere to and what you estimate to be the expected duration of this need.

Will the condition cause episodic flare ups periodically preventing Employee from performing his/her job functions and if so, please provide the anticipated frequency and duration of such flare ups as well as any accommodations that the employee will require as a result.

Please provide any additional information that you believe would assist Sequim School District in determining, in consultation with Employee, whether an accommodation can be provided to permit him/her to perform his/her job at Sequim School District. We stress that you should not provide information that would provide us with information that should not be disclosed under GINA (see introductory language in this form).

Physician's Signature

Printed Name

Date

OFFICE USE ONLY

Description of accommodation provided or reason for denial of accommodation: