

# St. Francis Area Schools

Human Resources  
4115 Ambassador Boulevard NW, St. Francis, MN 55070  
763-753-7040 • [www.isd15.org](http://www.isd15.org)

## Employee Reasonable Accommodation Request Form

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Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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### NATURE OF THE QUALIFYING DISABILITY

Please describe the nature, extent, and duration of your disability (or member of household disability).

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### REQUESTED/SUGGESTED ACCOMMODATION

Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job. (Job Descriptions are available on the District's website under Department > Human Resources > [Job Descriptions](#))

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### MEDICAL DOCUMENTATION

Please provide medical documentation of your qualifying disability (or member of household qualifying disability) and attach it to this form.

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### PHYSICIAN CONTACT INFORMATION

Your physician may receive a letter/fax from the District requesting information on your (or member of household) impairment/disability and recommendations for accommodations. Authorization will be requested prior to contacting this individual.

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ FAX Number \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

This completed form with attached documentation should be sent to Brandon Nelson, District Office or emailed to [brandon.nelson@isd15.org](mailto:brandon.nelson@isd15.org).