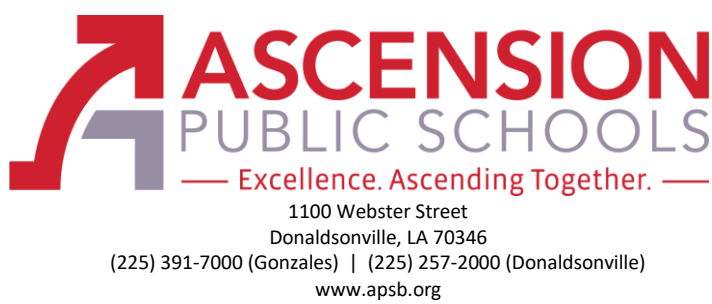


David Alexander  
Superintendent

Taft Kleinpeter  
Board President  
District 5B

Troy Gautreau, Sr.  
Vice President  
District 7A



Robyn Penn Delaney, District 1  
Scott Duplechein, District 2  
Julie Blouin, District 3  
Marty J. Bourgeois, District 4A  
John Murphy, District 4B  
John DeFrances, District 5A  
Jared Bercegeay, District 6A  
Louis Lambert, District 6B  
Patricia Russo, District 7B

**ADA: Request for Reasonable Accommodation Form**

Employee Name		Employee ID	
School/Location & Position		Supervisor	
<b>NATURE OF THE QUALIFYING DISABILITY</b> Please describe the nature, extent, and duration of your disability.			
<b>REQUESTED/ SUGGESTED ACCOMMODATION</b> Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.			
<b>PHYSICIAN CONTACT INFORMATION</b> Please provide name, address, telephone and fax numbers. The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations.			
I authorize the release of necessary confidential medical information regarding my disability to relevant supervisors as deemed necessary by Human Resources. I also attest to the fact that a copy of the position description has been given to me for review and reference.			
<b>Employee Signature</b>		Date	
<b>Chief/Director/ Principal/Supervisor Signature Required</b>		Date	
_____ Approve _____ Deny		  	
<b>HR Director Signature</b>		Date	
_____ Approve _____ Deny		  	
<b>Superintendent Signature</b>		Date	
_____ Approve _____ Deny		  	
These accommodations will be implemented and effective on _____ (date) and end on _____ (date).			
<b><u>Denial by Chief/Director/Principal/ Supervisor must include detailed description of denial reasons.</u></b>			