

Laurens County Schools
Reasonable Accommodations Request Form

Laurens County Schools provides reasonable accommodations for employees with American with Disabilities Act (ADA)-defined disabilities, including those who may be covered by public health emergency guidance when necessary. A reasonable accommodation is an accommodation that enables the employee to perform the essential functions of their position, is medically necessary, and does not create an undue hardship to the school system. In order to facilitate our interactive process, employees who are requesting reasonable accommodations are asked to complete and submit this form to the Human Resources office at timpassmore@lcboe.net.

- The accommodation process is meant to address accommodations directly related to the employee and their job functions.
- If additional information is needed, Human Resources may request that you authorize your health care provider to confirm your disability and/or the need for the requested accommodation.
- It is your responsibility to ensure that your health care provider statement or other supporting documentation is returned to the Human Resources department.
- You are not required to disclose to your immediate supervisor the medical basis for a requested accommodation. Medical records are confidential and maintained in Human Resources.

To request assistance with the process or form, please contact Human Resources at timpassmore@lcboe.net.

EMPLOYEE INFORMATION
Employee Name:
Job Title:
Employee Location:
Home Number:
Cell Number:
Personal Email:
NATURE OF THE QUALIFYING DISABILITY/PUBLIC HEALTH EMERGENCY (Select all that apply)
What physical or mental impairment have you been diagnosed with by your physician(s) that requires ADA accommodations? _____ _____
OR What underlying medical condition or Centers for Disease Control (CDC)-defined status puts you at a greater risk for severe illness related to the public health emergency? _____ _____
REQUESTED ACCOMMODATION
What specific accommodation(s) are you requesting? _____ _____

JOB DUTIES, ESSENTIAL FUNCTIONS, AND ACCESSIBILITY

What, if any, job function are you having difficulty performing or what, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for the same limitation? If so, what were they and how effective were they?

I authorize a representative of the Laurens County Schools Human Resources to communicate directly with my health care provider if needed, for confirmation of the impairment and clarification regarding the need for an accommodation.

Employee Signature: _____ Date: _____

EMPLOYEE CERTIFICATION

I certify that the above information is accurate and complete. I understand that I must contact Human Resources regarding any changes or updates to this request as submitted.

Employee Signature: _____ Date: _____

FOR HUMAN RESOURCES USE ONLY

Required documentation (if applicable) received from employee: Date: _____

Accommodations Decision: Approved Denied Modified as outlined below:

Follow up conversations:

Date: _____ Notes: _
Date: _____ Notes: _
Date: _____ Notes: _
Date: _____ Notes: _

Name of District Representative: _____

Signature of District Representative: _____