Orangeburg County School District
Office of Human Resources
102 Founder's Ct.
Orangeburg, South Carolina 29118
Telephone: (803) 534-5454
Ernest.Holiday@ocsdsc.org

Mr. Ernest Holiday,
Assistant Superintendent

Confidential Application for Reasonable Accommodations

Dear Employee,

In order to process your application for reasonable accommodations, the following must be submitted to the Office of Human Resources for review.

1. Complete and sign an **Application for Reasonable Accommodations.**
2. Please attach medical documentation from the treating physician, which identifies your underlying condition(s) and related limitations. This documentation should include:
    a. A short narrative summary of the diagnosis, length of treatment, response to treatment and prognosis.
    b. A description of how the disability affects performance of job duties and general life activities.
    c. Suggested accommodations that would enable the employee to perform his or her essential duties.

After completing the packet, submit it by email to Ernest.Holiday@ocsdsc.org or by mail to the address below:

Orangeburg County School District
District Attn: Ernest Holiday
102 Founder's Ct.
Orangeburg, SC 29118

A signed authorization to release medical information may be requested by the Human Resources Department in the event that additional medical information is required by the district.

District Procedure:

Mr. Holiday will review the application, essential job functions, and medical information provided. Once the review is completed, the employee will be contacted to discuss the outcome.

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CONFIDENTIAL APPLICATION FOR REASONABLE ACCOMMODATIONS

Employee: _____
Last First Middle

Home Address: _____ SC _____
Street City State Zip

Phone Number: _____ _____
Preferred Contact (Home or Cell) Work

Work Location: _____ Position: _____

A. **STATEMENT OF DISABILITY OR MEDICAL CONDITION:**

1. Identify your pre-existing medical condition(s):

2. Status of the medical condition(s):

☐ Permanent ☐ Intermittent ☐ Temporary (Beginning date _____ Anticipated end date _____)

B. **PERFORMANCE OF JOB FUNCTIONS:** State specific job functions based upon your job description that you are unable to perform without accommodations.

C. SPECIFIC ACCOMMODATIONS SOUGHT: Describe options/suggestions for accommodations to assist in the performance of the essential functions of the job.

***** Please attach a written statement from your treating physician documenting your medical condition as outlined on the first page of this application.*****

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RELEASE OF MEDICAL INFORMATION

INFORMATION FOR EMPLOYEES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prompted new Federal regulations which require physicians to ensure they are protecting the privacy and security of patients' medical information. The general rule regarding release of a patient's medical record is that information contained in a patient's medical record may be released to third parties only if the patient has consented to such disclosure.

CONSENT FORM

SECTION 1

Name: _____ DOB: _____

Address: _____

SSN or Medical Records#:_____

I, the undersigned, authorize my physician to release to the Orangeburg County School District any medical information related to my disabling condition to be used solely for the purpose of evaluating my request for reasonable accommodations. I hereby acknowledge that I have been informed of my right to receive a copy of this authorization request. I further acknowledge that I have been informed that if the medical information contained herein is not released, my request for reasonable accommodations may be denied.

_____ _____
Employee Signature *Date*

Physician's Name: _____

Address: _____

Phone Number: _____

Please note: This medical release form is valid for 90 days from the date signed by the employee.

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I certify that all the information contained in this application is true and correct. I understand that if I am granted an accommodation and if it is subsequently determined that the decision was based upon material misrepresentations or falsification, I am subject to disciplinary action by the District and my request may be canceled.

I further understand that this application, attachments and all medical information subsequently requested will be considered as confidential medical information and will be retained by Orangeburg County School District except where released by the applicant for other use.

_____ _____

Employee Signature *Date*