

**Americans with Disabilities Act (ADA) of 1990 and the  
Americans with Disabilities Act Amendments Act of 2008  
(ADAAA) Acknowledgment Form**



Employees must be able to perform their essential job functions. An employee is responsible for reporting to his or her immediate supervisor any injury or medical condition that interferes with the ability to perform the essential functions of the employee's job. Employees are directed to contact Leaves and ADA Management about an accommodation even if they have already communicated with their immediate supervisor regarding the disability or accommodation. Thus, an employee is ultimately responsible for timely submitting a request for an ADA accommodation that will enable him or her to perform the essential functions of the job. Such requests should be submitted in writing to Leaves and ADA Management via email at [leaves@fwisd.org](mailto:leaves@fwisd.org) or fax at 817-814-2185.

Additionally, employees are responsible for following District procedures in requesting an ADA accommodation or appropriate medical leaves, as necessary, and providing supporting documentation.

**By signing below, I acknowledge I have received a copy of the following forms to properly request an ADA accommodation and will return the completed forms to Leaves and ADA Management within 10 business days:**

- Request for Accommodation Form
- Medical Information Request Form
- Health Care Information Release Form

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please email or fax form to Leaves and ADA Management.***

***Email: [leaves@fwisd.org](mailto:leaves@fwisd.org)***

***Fax: 817-814-2185***