RPS RICHMOND PUBLIC SCHOOLS

ADA Accommodation Certificate Form

ADA Coordinator, Betty F. Stephens
Employee & Labor Relations -Talent Office
301 North 9th Street Richmond, VA 23219
Phone 804-780-8495 Fax 804-780-7899

If you need reasonable accommodation under the Americans with Disabilities Act, please provide your job description to a healthcare professional and have them complete the form certifying your eligibility for accommodation. This form contains confidential information and should only be shared with proper authorization. Please submit the completed form to Betty F. Stephens, ADA Coordinator, Richmond Public Schools -Employee Relations.

Employee Name: _____

Employee Job Title: _____

Employee's essential job functions: **See attached Job Description.**

To be completed by Health Care Provider:

Health Care Provider's Name: _____

Business Address: _____

Type of Medical Practice or Specialty:

_____

Telephone: (_____) _____ Fax: (_____) _____

I have reviewed the essential job functions/job description for this position and certify that

_____
Employee Name

_____ Is medically able to perform all essential functions of the position.

_____ Is medically unable to perform one or more essential functions of the position.

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If the employee cannot perform one or more essential functions, please complete the following questions.

Identify the job functions the employee is unable to perform:

_____

_____

_____

Identify the medical condition that renders the employee unable to perform such functions:

_____

_____

_____

State the expected duration of the medical condition:

_____

_____

_____

Are there any accommodations enabling the employee to perform the position's essential functions? If so, please describe the accommodations and explain why the recommended accommodations are needed:

_____

_____

Health Care Provider's Signature _____

Date: _____