

**SANTA MARIA INDEPENDENT SCHOOL DISTRICT
ADA ACCOMMODATION DOCUMENTATION FORM**

Name _____ Hire date _____

Position _____ Department/campus _____

Date employee informed employer of need for accommodation _____

Attach job description

Questions to document the reason for accommodation requests

What limitations or restrictions does the disability impose on the employee?

Anticipated duration of the limitations: _____

What job functions or benefits of employment is the employee having trouble performing?

How do the limitations affect the employee's ability to perform the job functions or access a benefit of employment?

Have any accommodations been made in the past for this same limitation?

Yes No

If yes, what were they and how effective were they?

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Accommodation suggestion and analysis

Accommodation:

How would the accommodation improve the employee's performance?

Reasonable: _____

Effective: _____

Imposes an undue hardship _____

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Accommodation determination

Employer's preferred accommodation and reasons: _____

Employee's preferred accommodation and reasons: _____

Decision and reasons: _____

Discuss and communicate decision to the employee: Date _____

Date of implementation: _____

Employer Authorized signature

Date

* This form and all medical information must be kept confidential and filed separately from the main personnel file. The employee's supervisor may be informed about necessary restrictions on the work or duties and necessary accommodations. When appropriate, first aid and safety personnel may be informed if the employee's disability might require emergency treatment or if any specific procedures are needed in case of fire or other evacuations.

SANTA MARIA INDEPENDENT SCHOOL DISTRICT
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