



ADA Accommodation Request Form-Employment ***(Please Return to Human Resources Department)***

The purpose of this form is to assist Carrollton-Farmers Branch Independent School District in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially. Please return this completed form to the Human Resources Office.

Campus/Department:

Employee: To be completed by employee requesting accommodation

Employee:	Telephone:
Address:	
City:	Zip Code:
Job Title:	Request Date:

I give Carrollton-Farmers Branch Independent School District Human Resources office permission to explore coverage and reasonable accommodations on my behalf within the District per the Americans with Disabilities Act. I understand that all information obtained during the process will be maintained and used in accordance with ADA confidentiality requirements.

Employee Signature

Date

Please answer the following questions to assist CFBISD in understanding the basis and nature of your request for an accommodation (attach additional sheets as necessary).

A. Please describe as completely and specifically as possible the accommodation(s) you are requesting.

B. What are the limitations caused by your condition(s) that you are currently experiencing? Please provide as much information as possible to assist with your request for accommodation.

C. Regarding the limitations you noted above, what specific parts of your assigned responsibilities are difficult to perform because of your condition?

D. In order to facilitate our discussion to identify an effective accommodation, list any changes to processes, procedures or equipment that is needed to allow you to perform the essential functions of your position.
