RED OAK
INDEPENDENT SCHOOL DISTRICT
109 W. RED OAK ROAD, RED OAK, TEXAS 75154 972.617.2941
BRENDA SANFORD, SUPERINTENDENT

Employee Request for Accommodation

Please complete this form and return it to:
Maricela Torres, Benefits and Leave Administrator
109 W. Red Oak Road, Red Oak, Texas 75154
e-mail maricela.torres@redoakisd.org.

Employee Name _____ Campus/Dept _____

Position/Title _____ Supervisor _____

Phone Number _____ Email _____

Identify your impairment(s) and indicate how you believe each impairment affects your ability to perform your job duties:
State the accommodation(s) you believe are necessary to enable you to perform the essential functions of your job:

Please attach medical certification provided by your health care provider. We may contact the health care provider to obtain information about your impairment and recommendation(s) for accommodation(s). If so, we will request that you complete the "Medical Release Form".

_____ _____
Signature of Requestor Date of Request