



Dr. Matthew Landahl
Superintendent of Schools

Beacon City School District
Administrative Offices
10 Education Drive
Beacon, New York 12508
www.beaconk12.org

Ms. Ann Marie Quartironi
Deputy Superintendent

Dr. Heather Chadwell-Dennis
*Assistant Superintendent of
Pupil Personnel Services*

Dr. Sagrario Rudecindo-O'Neill
*Assistant Superintendent of
Curriculum and Student Support*

Employee Reasonable Accommodation Request

Employees who would like to request workplace accommodations due to a disability can proceed by following the steps listed below:

1. Complete the Reasonable Accommodation Request Form (Pages 2-3)
2. Obtain medical documentation from your medical provider to support the request
3. Email Items 1 and 2 above to John Giametta, Executive Director of Human Resources and Operations at giametta.j@beaconk12.org

Additional information:

INFORMATION PERTAINING TO MEDICAL DOCUMENTATION

After reviewing the initial request and supporting medical documentation, additional medical documentation and/or an examination may be necessary to determine whether a reasonable accommodation is necessary. In such cases, a request for additional information and/or a medical appointment notice will be mailed to the employee's home. In the context of assessing an accommodation request, medical documentation is often needed to determine if the employee has a disability covered by the ADA and is entitled to an accommodation (i.e., has a permanent disability, as distinguished from temporary disability, that substantially limits one or more major life activities, affects the employee's ability to perform essential job functions, and is of sufficient severity) and if so, to help identify an effective and reasonable accommodation. The Human Resources Department is charged with collecting medical documentation. In the event that additional medical documentation is required, the employee will be notified to submit documentation from their medical provider.

GRANTING AN ACCOMMODATION

After the review and consultation with the District's physician, if necessary, it is determined that an employee has a disability that requires an accommodation, the Human Resources Department will work with the employee's supervisor to determine whether it can offer an effective accommodation that is reasonable and does not cause an undue hardship. If a reasonable accommodation is possible and granted, it may be reevaluated, modified, or terminated due to changes in circumstances.

ACCOMMODATION

If an accommodation has been granted, employees may be required to resubmit accommodation requests with updated supporting medical documentation in order to continue the accommodation in the following school year.



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The purpose of this form is to assist the District in determining whether, or to what extent, a reasonable accommodation may be required for an employee with a disability to perform one or more essential functions of his/her job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

SECTION I: To be completed by Employee requesting accommodation.

Employee:	Telephone:
Address:	
Job Title:	Request Date:
E-mail:	
School/Office:	
Principal/ Supervisor:	Telephone:

I give the Beacon City School District Human Resources Office permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with the ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where the District requires input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize the Human Resources Department or District Physician to consult with the medical/mental health professional that provided such documentation.

Date

Employee's signature

Reasonable Accommodation Request Form

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

A. What is the nature of your disability, and what is the expected duration of your disability?
(Attach additional pages if necessary.)

B. Explain how the disability/impairment affects the ability to perform one or more essential functions of the job:

C. Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job, and why you believe they are needed (attach additional pages if necessary):

D. Has a physician, vocational rehabilitation specialist, or other health professional recommended a specific accommodation? Yes: No:

If yes, please attach a copy of their recommendations.