Falls City I S D

Box 399, Falls City, Texas 78113 Phone 830-254-3551 Fax 830-254-3354
Superintendent—Todd Pawelek
High School Principal—Beth Deleon
Athletic Director –Mark Kirchhoff
Board President – Barbara Braune
Elementary Principal – Jessica Luna
Counselor – Chelsea Lyssy

The Employee Benefits Department of Falls City Independent School District will review the request for processing. When appropriate, the request will be referred to the Accommodations Committee for consideration of internal and external resources to assist any employee who may be experiencing physical and/or mental health challenges, which may affect the employee's job performance. The Accommodations Committee reviews employees' requests for ADA accommodation and recommends appropriate and reasonable accommodations in accordance with the ADA.

Employee's Name: _____ EID# _____

School/Department: _____

Position title: _____

Current status: Active (at work) Leave of Absence

1. List Impairment(s):

2. Specify how the impairment(s) listed above affects your ability to perform your job duties:

3. List job specific accommodation(s) requested to enable you to perform the essential functions of your job:

4. Additional Comments:

NOTE: A Physician statement or other relevant medical report outlining condition, limitations, and accommodations may be requested, if needed, for the District to consider this accommodation request.

Signature: _____ Date: _____

Please email or fax to Lauren Arenas

Email: arenasl@fcisd.net

Fax: 830-254-3354