



ADA - Form - Employee Request for Reasonable Accommodation

To initiate the reasonable accommodation process, please fully complete this form and then forward the form to the human resources department. Any questions you might have should be directed to Benefits@southsanisd.net

Name of Employee (or Applicant for Employment): _____

Current Position (or Position Applied For): _____

Department: _____

Work Schedule (Days & Hours) _____

Nature of Condition: _____

Please describe any medical restrictions resulting from your condition: _____

Please describe how your condition and any resulting medical restrictions affect your ability to perform your job: _____

Please describe how you believe we can accommodate your condition:

Please attach additional pages as necessary as well as any supporting medical documentation, and execute the attached medical release. However, the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee signature: _____ Date: _____