Paterson Public Schools
Human Resource Services
Employee Request for Reasonable Accommodation
Americans with Disabilities Act (ADA)

INSTRUCTIONS FOR EMPLOYEE:

Step 1: Fill out sections on the Employee section on the attached page. Sign and date where indicated.

Step 2: Take both forms ("Employee" and "Interactive Process Certification and Questionnaire"), **along with a copy of your job description supplied by the Human Resources Services Department,** to the appropriate medical provider. Ask the medical provider to examine the job description and fill out the Interactive Process Certification and Questionnaire.

Step 3: You, or your physician, should return the completed forms to the Human Resource Services Department (by personal delivery, mail, fax, or electronic transmission).

Human Resource Services
Paterson Public Schools
90 Delaware Avenue
Phone: 973.321-1000
Fax: 973-321-2405
Email: gonzalezl@paterson.k12.nj.us

Step 4: Wait for Paterson Public Schools Human Resource Services Department to contact you for an appointment to begin the interactive process of evaluating your request.

NOTES TO EMPLOYEE:

a) Paterson Public Schools will make every effort to reasonably accommodate employees in accordance with the Americans With Disabilities Act of 1990 (ADA), as amended.

b) The ADA defines disability as a mental or physical impairment that substantially limits a major life activity, and generally requires accommodation for employees who are qualified to perform their essential job duties and have a disability or have a record of having a disability.

INSTRUCTIONS FOR MEDICAL PROVIDER:

- Review the duties and requirements on the employee's job description which is attached. If not attached please contact Paterson Public Schools Human Resource Services at 973-321-1000 and ask for a copy of the applicable job description to be faxed to you.
- Fully complete the Interactive Process Certification and Questionnaire and return it to the employee or directly to Paterson Public Schools Human Resource Services Department at the location noted in Step 3.

EMPLOYEE

Printed Name: _____ Last 4 digits of SSN: _____

Job Title: _____ Location: _____

Home Address: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Brief Description of Medical Condition:

NOTE TO EMPLOYEE:

Paterson Public Schools Human Resource Services Staff may need to contact your healthcare provider directly. By signing this form, you give Paterson Public Schools Human Resource Services Staff authorization to contact your medical provider regarding medical information needed to process this request for ADA reasonable accommodation.

IMPORTANT NOTICE REGARDING GINA

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 employees or their family members. In order to comply with this law, Reed Group is asking 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:

INTERACTIVE PROCESS CERTIFICATION AND QUESTIONNAIRE
[TO BE COMPLETED BY HEALTHCARE PROVIDER[1]]

To: Medical Provider
From: Paterson Public Schools Human Resource Services Department

Please feel free to add attachments if you need more room to give your complete opinion. Thank you for your cooperation which will help Paterson Public Schools process this request.

PLEASE DO NOT TAKE INTO CONSIDERATION ANY AMELIORATIVE EFFECTS OF MITIGATING MEASURES; USE OF ASSISTIVE TECHNOLOGY, AUXILIARY AIDS OR SERVICES; REASONABLE ACCOMMODATIONS; OR LEARNED BEHAVIORAL OR ADAPTIVE NEUROLOGICAL MODIFICATIONS UNLESS ASKED TO PROVIDE SUCH INFORMATION. Mitigating measures include medications, medical supplies, equipment, or appliances, low-vision devices (excluding ordinary eyeglasses or contacts), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, insulin, mobility devices, and oxygen therapy equipment /supplies.

Employee's Name: _____

Employee's Job Title: _____

Medical Provider's printed name and address: _____

_____

_____

Medical Provider's Telephone Number: _____ Fax Number: _ _ _ _ _ _ _ _

Medical Provider's Specialty: _

Please supply the information requested below, as fully as possible.

1) Does employee have an impairment? Yes No Physical Mental
(Circle the appropriate answers)

[1] For purposes of this request, a healthcare or medical provider is defined as someone authorized to practice and provide services, and qualified to provide certification of physical or mental impairment, and who is performing within the scope of their practice as defined under applicable state law.

2) If so, clearly identify the impairment (You can attach additional pages):

3) How long do you expect the impairment to last?

4) In your opinion, does the impairment substantially limit any major life activity?
Yes No
(Circle one answer)

If yes, state the major life activities that are limited:

5) For each major life activity that is limited by the impairment, describe how the employee is restricted as to the condition, manner, or duration under which that activity can be performed, as compared to the way an average person in the general population can perform that activity?

6) Did the employee provide you with a copy of the applicable job description?
Yes No
(Circle one answer)

If not, did you call the Paterson Public Schools Human Resource Services at 973-321-0613 and ask for a copy of the applicable job description to be faxed to you.
Yes No
(Circle one answer)

7) Did the employee provide you with a recitation of the essential functions of their job?
Yes No
(Circle one answer)

If yes, please provide the information given to you by the employee as to the essential functions of their job.

8) Is employee able to perform all essential job functions and physical requirements?
Yes No
(Circle one answer)

If not, specify any essential job functions/requirements that cannot be performed, and explain why not.

9) Describe any reasonable accommodations you recommend to enable the employee to perform their essential job duties.

10) In your opinion, would performing any of employee's essential job duties pose a direct health or safety threat to the employee, co-workers, students, members of the general public, etc.? Yes No (Circle one answer)

If yes, please state:

a) Which job duties would result in such a threat?

b) What is the specific threat?

c) Are there any reasonable accommodations that would eliminate the threat, or reduce it to an acceptable level? Yes No (Circle one answer)

If yes, please describe the accommodations:

_____ _____

Medical Provider's Signature and Title: Date