

Request for Reasonable Accommodation

Date: *

* Required

Employee Last Name *

Employee First Name *

Employee ID: *

Email address *

Primary Phone Number *

Position / Title: *

Responding to the following questions serves to document the reason for the accommodation request.

NOTE:

“The Americans with Disabilities Act (ADA) became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications.” (ADA)

“A reasonable accommodation is any change in the workplace or the way things are customarily done that provides an equal employment opportunity to an individual with a disability. While there are some things that are not considered reasonable accommodations (e.g., removal of an essential job function or personal use items such as a hearing aid that is needed on and off the job), reasonable accommodations can cover most things that enable an individual to apply for a job, perform a job, or have equal access to the workplace and employee benefits such as kitchens, parking lots, and office events.” (EEOC)

This form is a PDF fillable form:

1. Download the form to your computer
2. Fill out the form, save

Please submit all forms

Email forms to benefits@spps.org

For questions or further information contact St Paul Public Schools Benefits

If you have any questions please Email benefits@spps.org or call 651-767-8200

Employee Last Name

Employee First Name

Employee ID:

Your answers

* Required

School / Department: *

Supervisor Name: *

Best way to contact you? *

1. Identify your disability or physical or mental impairment(s) or limitation(s) (“Disability”) and describe briefly. *

Your answer

2. Does the physical or mental impairment limit your ability to perform a particular job function(s)? If yes, please describe. *

Your answer

3. Do you currently have any medical work restriction(s) ordered by your doctor? If yes, please list the restriction(s) and describe briefly. Please indicate if the restriction(s) are permanent or temporary. *

Your answer

4. Based on your understanding of your current position, do you have any suggestions, what reasonable accommodation(s) could be made that would enable you to perform the essential functions of your position? Be as specific as possible.

(List purchasable items, suggestions for work site modification, specific duties that can be restructured, etc.) *

Your answer

5. Expected duration of your disability *

Your answer

6. Is your accommodation request time sensitive? Yes or No? If yes, please explain: *

Your answer

7. Have you requested any accommodation in the past for the same limitation? Yes or No? If yes, what were they and how effective were they? *

Your answer

8. Please provide any additional information that might be useful in processing your accommodation request as well as preferred accommodation(s):

Your answer

Employee Last Name

Employee First Name

Employee ID:

Add medical documents / notes (optional)

I authorize the release of necessary confidential medical information regarding my disability to relevant hiring managers as deemed necessary by Human Resources.

Typed Name (Typed name represents a digital signature)

Information obtained from an applicant or employee regarding a medical condition or history in connection with a medical exam or inquiry ("Medical Information") will be treated confidentially and only disclosed by Saint Paul Public Schools as required or permitted by law, including but not limited to, 42 U.S.C §§ 12112 (d)(3)(B), 12112 (d)(4)(C), 29 C.F.R. §§ 1630.14(b)(1), 1630.14(c)(1), and Minn. Stat. § 13.01 et seq. Applicants or employees providing Medical Information are on notice that Saint Paul Public Schools may disclose Medical Information to the following the following persons: (i) supervisors and managers regarding necessary restrictions on the work or job duties or necessary accommodations; (ii) first aid and safety personnel, when appropriate, if a disability might require emergency treatment for an employee; and (iii) government officials investigating compliance with local, state, or federal law.