

REQUEST FOR ACCOMMODATIONS INSTRUCTIONS

Employee procedures: In order to process and expedite your application for reasonable accommodations, the following must be submitted: (Please note the accompanying specific definitions.)

1. Complete and sign an **Application for Reasonable Accommodations**.
2. If the disability is not visible or has not been previously disclosed, the employee must submit medical documentation from the treating physician, which identifies the disabling condition(s) and related limitations. This documentation should include:
 - a. A short narrative summary of the diagnosis, length of treatment, response to treatment and prognosis.
 - b. A description of how the disability affects performance of job duties and general life activities.
 - c. Suggested accommodations that would enable the employee to perform his or her essential job duties.
 - d. duties.

After completing the packet, submit it by email to _____ or by mail at the address below:

A signed authorization to release medical information may be requested by the Human Resources Department in the event that additional medical information is required by the District.

RELEASE OF MEDICAL INFORMATION FOR EMPLOYEES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prompted new Federal regulations which require physicians to ensure they are protecting the privacy and security of patients' medical information. The general rule regarding release of a patient's medical record is that information contained in a patient's medical record may be released to third parties only if the patient has consented to such disclosure.

CONSENT FORM

SECTION 1

Name : _____ DOB: _____

Address: _____

SSN or Medical Record #: _____

I, the undersigned, authorize my physician to release to the [District] any medical information related to my disabling condition to be used solely for the purpose of evaluating my request for reasonable accommodations. I hereby acknowledge that I have been informed of my right to receive a copy of this authorization request. I further acknowledge that I have been informed that if the medical information contained herein is not released, my request for reasonable accommodations may be denied.

Employee Signature

Date

SECTION 2

Physician's Name: _____

Address: _____

Phone Number: _____

Please note: This medical release form is valid for 90 days from the date signed by the employee.

AMERICANS WITH DISABILITIES ACT (ADA)

Definitions

Who is affected: Qualified individuals with disabilities (faculty, staff and students) are defined by the ADA as anyone with a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position that such Individual holds or desires. This includes people with current or part physical or mental Impairments that substantially limit one or more major life activities, as well as those who have a record of such an Impairment or are not disabled but are regarded as such.

Employment: "Employment" includes terms, conditions and privileges of employment such as: application, testing, hiring, assignments, evaluation, disciplinary actions, training, promotion, layoff, termination, compensation, etc.

Reasonable accommodation: A reasonable accommodation is any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a disability, e.g., job restructuring, modifying work schedules, acquiring or modifying equipment or devices, etc. An employer must make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless it can be shown that the accommodation would cause an undue hardship on the operation of the business.

Essential functions: Essential functions are the fundamental duties of the employment position the individual with a disability holds or desires. These are job functions which cannot be eliminated without seriously disrupting the operations of the unit or fundamentally altering the job. Marginal tasks, those that could be reassigned if necessary, are specifically excluded from the definition of essential functions. The district utilizes benchmark position research for essential functions.

Undue hardship: An action that is excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the position or business.

Major Life activities: Activities that an average person can perform with little or no difficulty such as walking, speaking, seeing, hearing, working, performing manual tasks, etc.
al tasks, etc.