



**MAHOPAC CENTRAL SCHOOL DISTRICT**

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Superintendent of Schools

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Human Resources

***REASONABLE ACCOMMODATION REQUEST FORM***

The purpose of this form is to assist the District in determining whether, or to what extent, a reasonable accommodation may be required for an employee with a disability to perform one or more essential functions of his/her job safely and effectively. In addition, for the purposes of COVID-19 only, this form may be used for an employee to apply for an accommodation because his/her family member has a medical condition which increases his/her risk for severe illness due to COVID-19. This form must be filed separately from the employee's personnel file and be treated confidentially.

**SECTION I: To be completed by Employee requesting accommodation.**

Employee:	Telephone:
Address:	
Job Title:	Request Date:
E-mail:	
School/Office	
Principal/ Supervisor:	Telephone:

I give the Mahopac Central School District Human Resources Office permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with the ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where the District requires input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize the Human Resources Department or District Physician to consult with the medical/mental health professional that provided such documentation.

Date: \_\_\_\_\_ Employee's Name: \_\_\_\_\_  
(Print)

Employee Signature: \_\_\_\_\_

## **Request Due to Employee's Own Medical Condition**

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

**A.** What is the nature of your disability, and what is the expected duration of your disability? (Attach additional pages if necessary.)

**B.** Explain how the disability/impairment affects the ability to perform one or more essential functions of the job:

**C.** Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job, and why you believe they are needed (attach additional pages if necessary):

**D.** Has a physician, vocational rehabilitation specialist, or other health professional recommended a specific accommodation?

Yes

No

If yes, please attach a copy of their recommendations.

Forward a copy of this form to the Human Resources Office at 179 E. Main Street, Mahopac, NY. *Please review the information regarding medical documentation on page 3 of this form.*

## **Request Due to Family Member's Medical Condition**

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

- A. Which family member do you reside with that has a medical condition that puts him/her at a higher risk for severe illness due to COVID-19?
- B. What is the nature of your family member's disability, and what is the expected duration of his/her disability? (Attach additional pages if necessary.)
- C. Is your family member physically working at his/her employer's worksite?
- Yes
  - No
- D. Has a physician, vocational rehabilitation specialist, or other health professional recommended that you not return to work due to your family member's condition?
- Yes
  - No

If yes, please attach a copy of their recommendations.

Forward a copy of this form to the Human Resources Office at 179 E. Main Street, Mahopac, NY. *Please review the information regarding medical documentation on page 3 of this form.*

## Reasonable Accommodation Request Form

### INFORMATION PERTAINING TO MEDICAL DOCUMENTATION:

After reviewing the initial request and supporting medical documentation, additional medical documentation and/or an examination may be necessary to determine whether a reasonable accommodation is necessary. In such cases, a request for additional information and/or a medical appointment notice will be mailed to the employee's home.

The Human Resources Department is charged with collecting medical documentation. In the event that additional medical documentation is required, the *employee will be notified* to submit documentation from their medical provider.

#### For Employee With Medical Condition:

In the context of assessing an accommodation request, medical documentation is often needed to determine if the employee has a disability covered by the ADA and is entitled to an accommodation (i.e., has a permanent disability, as distinguished from temporary disability, that substantially limits one or more major life activities, affects the employee's ability to perform essential job functions, and is of sufficient severity) and if so, to help identify an effective and reasonable accommodation.

After the review and consultation with the District's physician, if necessary, it is determined that an employee has a disability that requires an accommodation.

#### For Employees with Family Member With Medical Condition:

Employees may apply for an accommodation due to his/her family member having a medical condition which increases his/her risk for severe illness due to COVID-19. The District will evaluate such requests on a case by case basis, with the understanding that the District is under no obligation to accommodate such requests.

#### Reasonable Accommodations

The Human Resources Department will work with the employee's supervisor to determine whether it can offer an effective accommodation that is reasonable, and does not cause an undue hardship. If a reasonable accommodation is possible and granted, it may be reevaluated, modified or terminated due to changes in circumstances.

Due to COVID-19, the District may offer an employee a temporary accommodation, or an accommodation the employee would not otherwise be entitled to if there was no pandemic. This in no way means the employee will be entitled to an accommodation generally, or a particular accommodation, in the future.