

Request for Reasonable Accommodation Based on Disability

Telluride School District

The Americans with Disabilities Act of 1990 (ADA) makes it unlawful to discriminate in employment against a qualified individual with a disability. To be protected under the ADA, an individual must have a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment; or being regarded as having a substantial impairment.

This form is designed to assist employees in requesting a reasonable accommodation. What is a reasonable accommodation? A reasonable accommodation is any change or adjustment to a job or work environment that does not cause an undue hardship on the department or unit and which permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. For example, a reasonable accommodation may include providing or modifying equipment or devices, job restructuring, allowing part-time or modified work schedules, reassigning an individual, adjusting or modifying examinations, modifying training materials or policies, providing readers and interpreters or making the workplace readily accessible to and usable by people with disabilities.

Instructions

This form must be completed whenever an employee requests an accommodation. Submit this form to Human Resources. The Human Resources office will then contact the department and employee to schedule an accommodation meeting. If the employee requires any assistance in completing this form, call 970-369-1231 for assistance, or email skunz@telluride.k12.co.us

Request for Reasonable Accommodation Based on Disability Form
Telluride School District

Individual Requesting/Needing Reasonable Accommodation: (Type or Print)

Name: _____ Date: _____
Email Address _____ Phone: _____
Employment Information:
Position: _____
School: _____
Supervisor's Name _____

Please describe the physical and/or mental impairment(s) that led to this request for reasonable accommodation and, if applicable, the expected duration of the impairment(s). Please note that it is not necessary to indicate a specific medical diagnosis.

How does your impairment impact your ability to complete your assigned tasks?

Describe the reasonable accommodation you are proposing – please be as detailed as possible.

What documentation are you including to support the need for an accommodation based on the disability? (Documentation to be provided by employee.)

Individual's Physician
Individual's Counselor
Physical Therapist

Occupational Therapist
Vocational Rehab Counselor
Other _____