Sequoia Union High School District

REASONABLE ACCOMMODATION REQUEST FORM

To Be Completed by Employee

Return this form to your immediate supervisor.

Name of Employee:
Position:
Location:

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes ☐ No ☐

If *yes*, please explain.

B. Questions to document the reason for accommodation request.

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation? Yes ☐ No ☐

If *yes*, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

_____ _____

Signature Date

Sequoia Union High School District

MEDICAL PROVIDER CERTIFICATION FORM

To Be Completed by Healthcare Provider

Name of Employee:
Position/Job Title:
Location:

A. Questions to help determine whether the employee has a disability.

For reasonable accommodation purposes, an employee has a disability if he or she has an impairment that limits one or more major life activities. **Note: Do not disclose the underlying diagnosis without your patient's consent.** The following questions may help determine whether the employee has a disability.

Does the employee have a physical or mental impairment?	Yes ☐	No ☐
Is the impairment long-term or permanent?	Yes ☐	No ☐
If *not* permanent, how long will the impairment likely last?		

Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment limit a major life activity?	Yes ☐	No ☐

If *yes*, what major life activity(s) is/are affected?

☐ Caring For Self	☐ Walking	☐ Hearing	☐ Lifting	☐ Other: (describe)
☐ Interacting With Others	☐ Standing	☐ Seeing	☐ Sleeping	
☐ Performing Manual Tasks	☐ Reaching	☐ Speaking	☐ Concentrating	
☐ Breathing	☐ Thinking	☐ Learning	☐ Reproduction	
☐ Working	☐ Toileting	☐ Sitting		

Does the impairment limit the operation of a major bodily function?	Yes ☐	No ☐

If *yes*, what bodily function is affected?

☐ Immune	☐ Hemic	☐ Circulatory
☐ Normal Cell Growth	☐ Special Sense Organs and Skin	☐ Endocrine
☐ Digestive	☐ Lymphatic	☐ Reproductive
☐ Bowel	☐ Neurological	☐ Musculoskeletal
☐ Bladder	☐ Brain	☐ Special Sense
☐ Genitourinary	☐ Respiratory	☐ Cardiovascular

☐ Other: (describe)

B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. Please review the employee's job duties and answer the following questions to help determine whether the requested accommodation is needed because of the disability.

What limitation(s) is/are interfering with job performance?

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

How would your suggestions improve the employee's job performance?

D. Comments.

Medical Professional's Name, Address and Contact Information

Medical Professional's Signature

Date