



ADA Reasonable Accommodation Request

Overview:

The Americans with Disabilities Act (ADA) prohibits discrimination in all employment practices, including job application procedures, hiring, firing, advancement, compensation, training, leave, and other terms, conditions, and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment-related activities.

Employees requesting an accommodation should notify their supervisor(s) and the Alleghany Highlands Public Schools Human Resources Office by filling out this form. General information is needed about the disability and what accommodation is being requested. The completed form should be sent to the attention of Human Resources at the School Board Office. Central office administrative staff will work with you to determine whether a reasonable accommodation can be made without causing “undue hardship” to Alleghany Highlands Public Schools.

A reasonable accommodation is any modification or adjustment to a position or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Essential job functions are the duties which are so fundamental to the position that an individual cannot do the job without performing these duties.

A reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities. An accommodation may be requested at any time during the application process or during the period of employment. Alleghany Highlands Public Schools is committed to working as quickly and effectively as possible to meet the needs of all its' applicants and employees.

Instructions for completing the ADA Reasonable Accommodation Request Forms:

- The employee should complete and answer all questions on pages 2-4 to the best of their ability regarding the request for accommodations.
- Pages 5-7 are to be completed by a medical professional.
- Please submit the **entire** document including the employee portion and the medical professional statement to the Alleghany Highlands Public Schools Human Resources Office, 100 Central Circle, Low Moor, VA 24457. If both portions are **not** provided, your request for reasonable accommodations could be delayed.
- If you have any questions, please call the Alleghany Highlands School Board Office at 540-863-1800.



ADA Reasonable Accommodation Request

Name:	Date of Request:
Email:	Phone:
Position:	Worksite:
Supervisor:	

1. Please describe how your condition affects your ability to perform a major life activity. Examples of major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, reading, thinking, communicating, and working.

2. Please describe how your condition affects your ability to perform essential functions of your job.

3. Please describe the accommodation you are requesting.

4. How will the requested accommodation enable you to perform the essential functions of your job?
5. Do you have any information and/or suggestions on how the requested accommodation can be provided?
6. Is your accommodation request time-sensitive? If yes, please explain.
7. If known, what is the expected duration of the requested accommodation?
8. Is there any additional information that may be useful in processing your accommodation request?

Employee Signature

I certify that the information provided on this form is true and accurate. I understand that making false statements on this form could delay the process for considering the requested accommodation(s) and is grounds for discipline up to and including termination of my employment.

Employee Signature_____

Date_____

Acknowledgment and Authorization

As part of my request for reasonable accommodation, I authorize my health care provider to disclose to Alleghany Highlands Public Schools all information relevant to the condition identified on this request form, and any related medical restrictions and limitations. I further authorize Alleghany Highlands Public Schools to disclose the relevant medical restrictions and limitations as necessary to provide an effective reasonable accommodation.

This release is valid for one (1) year from the date of employee's signature.

Employee Signature_____

Date_____

Please return this form and the Medical Documentation form to Alleghany Highlands Public Schools Human Resources Office, 100 Central Circle, Low Moor, VA 24457; (540) 863-1800.



ADA Medical Inquiry Form
(To be completed by a medical professional)

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

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee listed above have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the impairment or the nature of the impairment?		
<p>Answer the following question based on what limitations the employee has when his/her condition is in an active state and what limitations the employee would have if no mitigating measures were used. <u>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, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.</u></p>		
Does the impairment substantially limit a major life activity as compared to Most people in the general population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.</i></p>	<p>OR</p> <p>Describe the employee's limitations when the impairment is active.</p>	
If yes, what major life activity(s) (includes major bodily functions) is/are affected?		
<input type="checkbox"/> Bending <input type="checkbox"/> Breathing <input type="checkbox"/> Caring For Self <input type="checkbox"/> Concentrating <input type="checkbox"/> Eating	<input type="checkbox"/> Hearing <input type="checkbox"/> Interacting With Others <input type="checkbox"/> Learning <input type="checkbox"/> Lifting <input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Reaching <input type="checkbox"/> Reading <input type="checkbox"/> Seeing <input type="checkbox"/> Sitting <input type="checkbox"/> Sleeping <input type="checkbox"/> Speaking <input type="checkbox"/> Standing <input type="checkbox"/> Thinking <input type="checkbox"/> Walking <input type="checkbox"/> Working
<input type="checkbox"/> Other: (describe)		

Major bodily functions:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic | <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Immune | <input type="checkbox"/> Operation of an Organ | |

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. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with job performance or accessing a benefit of employment?

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

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

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. Other questions or comments:

Medical Professional's Signature : _____ Date _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.