



Central Consolidated School District
" A Community of Learners Dedicated to Building Lives "
 CCSD Administration Complex • Human Resources Department
 PO BOX 1199, Shiprock, NM 87420 • 505-598-1018 Fax 505-598-1019

ADA Employee Accommodation Request Form

4. Add any comments you feel may be helpful in our consideration of your request.

5. Medical verification of the impairments(s) (check the appropriate box):
 I have enclosed the applicable medical documents with this request.

By signing, I consent to share my information concerning this accommodation with my supervisor and HR.

Employee's Signature: _____ Date: _____

Please submit this form via mail or email to:

CCSD Administration Complex - HR Department
 Martha Frazier, Human Resource Specialist
 PO Box 1199
 Shiprock, NM 87420
 Office Phone: 505-598-1018 extension 10125
 Email: frazma@centralschools.org

Please allow 3 business days for processing.

By signing this you are agreeing to place a plan and agreeing to the employee's accommodation.

Supervisor's Signature: _____ Date: _____

For Official Office Use Only

Date Received: _____ Received by: _____

Comments: _____

Margaret Trocheck, Human Resources Director signature _____