

**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**

**This form is to be completed by the Employee**

Your Name: \_\_\_\_\_

First

MI

Last

Your Job Title: \_\_\_\_\_ Work Location \_\_\_\_\_

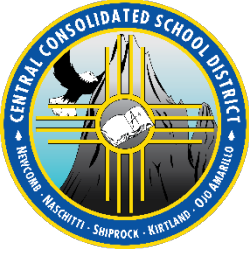
Your Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Location: \_\_\_\_\_

**INSTRUCTIONS:** Please print or type in the fillable form. If you need additional room for responses to questions listed below, you may add additional paper.

1. Description of disability. Identify the physical and/or mental impairment (s) for which you are requesting accommodation and the expected duration of the impairment (s). Include the date of diagnosis.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
2. How does the disability prevent you from performing the essential functions of your job duties and responsibilities?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
3. I am requesting the following reasonable accommodation (s). List specific equipment and accommodation (s) you are requesting in order to perform your essential job functions.



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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  
 Office Phone: 505-598-1018 extension 10125  
 Business Cell Phone: 505-215-7674  
 Email: [frazma@centralschools.org](mailto:frazma@centralschools.org)

**Please allow 3 business days for processing.**

**To be completed by Supervisor:**

**I agree and plan to provide the reasonable accommodations requested by the employee.**

**We are unable to provide the reasonable accommodations requested by the employee.**

Please indicate the plan to accommodate the employee OR state reason(s) accommodation cannot be made.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Office Use Only**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Comments: \_\_\_\_\_

Margaret Trocheck, Human Resources Director signature \_\_\_\_\_