



## Central Consolidated School District

"A Community of Learners Dedicated to Building Lives"

Human Resources Department

PO BOX 1199, Shiprock, NM 87420 • US Hwy 64, Old High School Rd

Phone: (505) 368-4984 • Fax: (505) 515-0439 or (505) 521-6329

### ADA Employee Reasonable Accommodation Request Form

<b>This form is to be completed by the Employee</b>			
Your Name: _____			
First	MI	Last	
Your Job Title: _____		Work Site: _____	
Work email: _____		Phone: _____	Work 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. **ACCOMMODATION(S) REQUESTED:** Be as specific as possible. (i.e., adaptive equipment, reader adaptive equipment, reader, interpreter).
2. **REASON FOR REQUEST:** (Please do not disclose your diagnosis; explain your related limitations and how this accommodation will help you do your job?)
3. **What suggestions do you have as possible accommodation(s) that the district may consider.**

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4. What is the duration of this accommodation? From \_\_\_\_\_ to \_\_\_\_\_

5. Is your Limitation:

Permanent: ☐

Temporary: ☐

6. Anticipated Recovery date (if any): \_\_\_\_\_

7. Attach any medical certification(s) from your treating physician that may be useful to the district in reviewing this request.

☐

I have enclosed the applicable medical documents, a letter, and/ or verification with this request.

*Note: Additional information may be needed/required to support your request on a case-by-case basis.*

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

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by Supervisor:**

☐

I agree and plan to provide the reasonable accommodation(s) requested by the employee.

☐

We are unable to provide the reasonable accommodation(s) requested by the employee.

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

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form via mail or email to:**

Human Resources Department – Benefits Department

Marlena Harvey or Suzanna George

Office Phone / Fax: 505-521-6329 or 505-515-0439

Email: [harvm@centralschools.org](mailto:harvm@centralschools.org) or [geors@centralschools.org](mailto:geors@centralschools.org)

**For Official Office Use Only**

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

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

Reviewed by: \_\_\_\_\_ Comments: \_\_\_\_\_