

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 N	Name:				
	First	MI	I	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.					
 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 presponsibilities?	orevent you from performing	g the essential function	ns of your job duties and	
3.		wing reasonable accommoda perform your essential job		equipment and accommodation (s) you	



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Al	DA Employee Accommodation Request Form
4. Add any comments you feel m	nay be helpful in our consideration of your request.
5. Medical verification of the im	pairments(s) (check the appropriate box):
	plicable medical documents with this request.
	_
Employee's Signature:	Date:
Please submit this form via mail or o	email to:
CCSD Administration Comple	
Martha Frazier, Human Resou PO Box 1199	rce Specialist
Shiprock, NM 87420	
Office Phone: 505-598-1018 e	
Email: frazma@centralschool	<u>s.org</u>
Please allow 3 business days for pro-	cessing.
	For Official Office Use Only
Date Received:	Received by:
Comments:	

2 | Page

Margaret Trocheck, Human Resources Director signature