



Central Consolidated School District

" A Community of Learners Dedicated to Building Lives"
 CCSD Administration Complex • Human Resources Department
 PO BOX 1199, Shiprock, NM 87420

ADA Employee Reasonable Accommodation Request Form

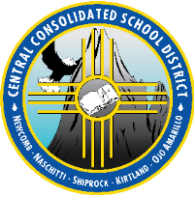
This form is to be completed by the Employee			
Your Name: _____			
First	MI	Last	
Your Job Title: _____		Work Site: _____	
Work email: _____		Phone: _____	Work Phone: _____
Supervisor's Name: _____		Supervisor's Location: _____	

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. State the job function(s) which you feel require(s) accommodation? *(Be as specific as possible, e.g., adaptive equipment, reader, interpreter)*

2. Why do you feel that you are unable to perform those job functions at the present / reason for request?

3. What suggestions do you have as possible accommodation that the District may consider?



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4. Attach any medical certification from your treating physician that may be useful to the District in reviewing this request.

I have enclosed the applicable medical documents with this request.

Note: Additional information may be required or if needed 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 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: _____

Please return this form via mail or email to:

Human Resources Department – Benefits Department
 Marlena Harvey or Suzanna George
 PO Box 1199, Shiprock, NM 87420
 Fax: 505-521-6329 or 505-515-0439
 Office Phone: 505-521-6329 or 505-515-0439
 Email: harvm@centralschools.org or geors@centralschools.org

For Official Office Use Only

Date Received: _____ Received by: _____

Reviewed by: _____ Comments: _____