**RAPPAHANNOCK COUNTY PUBLIC SCHOOLS**

**ADA REASONABLE ACCOMMODATION REQUEST**

To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA) the employee must be able to perform the essential job functions of the position and have a disability as defined in the ADA that substantially limits a major life function.

Please complete this form and submit it to the Department of Human Resources

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe how your condition affects your ability to perform an major life activity. Which major life activity is significantly affected? For example, major life activities include: caring for yourself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the use or operation of a major bodily function.

1. Describe any measures you are using because of the disability and the effect of those measures on the disability. This includes medications, assistive technology such as a wheelchair, etc.
2. Describe how your condition limits your ability to perform the essential functions of your job. Please be specific as to how the medical condition impairs your ability to perform each function.
3. Describe the accommodation you are requesting.
4. Explain how the requested accommodation above will enable you to perform the essential job functions.
5. Will you be able to perform all of your essential job functions if you receive the requested accommodation? If not, please describe the specific functions you will not be able to perform.
6. Do you need help in order to identify accommodations that will allow you to perform your essential job functions? If you do, please describe the type of help you need.
7. Please provide any additional information concerning how the requested accommodations may be provided. If known, please include the name and addresses along with the telephone number of vendors and the model number and approximate cost of any equipment you have requested.

Please complete the following information for the ADA release of information:

I authorize my medical provider(s) to release information to and if needed, speak with the Rappahannock County Public Schools Human Resources Department or Division Superintendent about my medical condition for the purpose of determining appropriate job accommodation(s) for my condition.

Physician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physican Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please submit completed form to:

Human Resources Department

Rappahannock County Public Schools

6 School House Road

Washington, Virginia 22747

Fax: 1-540-987-8896 Phone: 1-540-227-0023