

WILLINGBORO TOWNSHIP SCHOOL DISTRICT

SECTION 504/ADA EMPLOYEE ACCOMMODATION REQUEST

EMPLOYEE NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_  
POSITION: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

1. Specify the **mental or physical impairment** you claim to have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Check the **major life activity** you claim is impacted by the physical or mental impairment referred in # 1.

- Breathing       Hearing       Walking       Learning       Speaking  
 Seeing       Lifting       Standing       Sitting       Working  
 Performing manual tasks       Caring for Oneself  
 Other      If Other please specify \_\_\_\_\_

3. Do you claim that the mental or physical impairment referenced in #1 substantially limits the major life activity referenced in #2?

Yes       No

If the answer is Yes, please state how the mental or physical impairment substantially limits the major life activity. (Be as specific as possible.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you undertaking any measures that mitigate the impact of the mental or physical impairment on the major life activity (e.g. medication, glasses).

\_\_\_\_\_  
\_\_\_\_\_

5. Are you able to perform the job functions of your position without accommodation?

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6. If you are unable to perform the job functions of your position without accommodation, please state the functions that you are not able to perform.

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7. State the circumstances surrounding your inability to perform the functions identified in #6 (e.g., frequency, duration).

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8. What accommodation are you requesting? (Be as specific as possible.)

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9. What suggestions do you have of possible alternative accommodation(s) to the one identified in #8 that the school district may consider?

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**Attach adequate documentation (e.g., medical, psychological, diagnostic, etc.) of the disability and/or need for reasonable accommodation.**

Submit this form and attached documentation in a sealed envelope marked CONFIDENTIAL to:

INTEROFFICE: LaMonica McIver, HR Director **OR** U.S. Mail:  
Office District 504 Compliance Officer  
Country Club Administration

LaMonica McIver, HR Director  
Willingboro Twp. School District  
Country Club Administration  
440 Beverly-Rancocas Rd.  
Willingboro, NJ 08046

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

\_\_\_\_\_  
Date