

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.

<input type="checkbox"/> Breathing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Walking	<input type="checkbox"/> Learning	<input type="checkbox"/> Speaking
<input type="checkbox"/> Seeing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Standing	<input type="checkbox"/> Sitting	<input type="checkbox"/> Working
<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Caring for Oneself			
<input type="checkbox"/> 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?

<input type="checkbox"/> Yes	<input type="checkbox"/> 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?

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.

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

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

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

**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:

<u>INTEROFFICE:</u>	Department of Human Resources	OR	<u>U.S. Mail:</u>	Human Resource Department
	Office District 504 Compliance			Willingboro Twp. School District
	Country Club Administration			Country Club Administration
				440 Beverly-Rancocas Rd.
				Willingboro, NJ 08046

Employee's Signature

Date