



## REQUEST FOR REASONABLE ACCOMMODATION

In general, a reasonable accommodation is a change in the work environment that allows an employee to perform the essential functions of his or her job. An accommodation is not considered reasonable if it would pose an undue hardship on the District or would present a direct threat to health or safety.

Please complete this form if you are requesting any reasonable accommodation(s). This includes requests for temporary accommodation(s) in connection with the COVID-19 pandemic, such as individuals who are deemed to be at increased risk for severe illness from COVID-19. All information and documentation submitted in connection with this request will be treated and maintained as confidential.

*Instructional staff (STA/SASA/CM) should return this form to Mr. Breidenstein, Superintendent*

*Non-instructional staff (CSU/SSSO) should return this form to Mrs. Magara, Assistant Superintendent.*

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position and Building:** \_\_\_\_\_

1. Are you requesting a temporary accommodation because you are at increased risk for severe illness from COVID-19? Yes \_\_\_\_\_

*(Please refer to the following website for information regarding higher risk individuals:  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>.)*

If yes, please check each of the following that apply to you:

- ☐ Age 65 years or older (*\*If age is the only reason for your request, please skip to question 6*)  
☐ Underlying medical condition  
☐ Other (please explain here): \_\_\_\_\_

2. Please identify the physical or mental condition for which you are requesting an accommodation:  
\_\_\_\_\_

3. Is the condition temporary or permanent? \_\_\_\_\_. If temporary, for how long is the condition expected to last? \_\_\_\_\_

4. Please provide the name and telephone number for the healthcare professional(s) who is treating you for this condition. \_\_\_\_\_

Please note that if you have a condition that is not readily apparent, it will be necessary to contact or obtain additional information from your provider.

5. Please describe how the condition affects your ability to perform the essential functions of your job:  
\_\_\_\_\_



# **SALAMANCA**

CITY CENTRAL SCHOOL DISTRICT

## **Main Campus**

Seneca Intermediate 716-945-5140  
High School 716-945-2404  
District Offices 716-945-2403  
50 Iroquois Dr.  
Salamanca, New York 14779  
Website [www.salamancany.org](http://www.salamancany.org)

## **Prospect Elementary School**

300 Prospect Avenue  
Salamanca, New York 14779  
716-945-5170

Facebook: [www.facebook.com/SalamancaWarriors](https://www.facebook.com/SalamancaWarriors)

6. Has your medical provider recommended any specific accommodation(s) that would permit you to perform the essential functions of your job? ☐ Yes ☐ No. If you answered yes, please list the accommodation(s) recommended by your medical provider or provide documentation from the provider:
7. What accommodation(s) are you requesting that will assist you in performing the essential functions of your job?
8. Please identify any accommodations or assistive technologies/devices that you currently use:
9. Please provide any additional comments or information that you feel may be helpful for the District in considering your accommodation request:



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### **Acknowledgement**

This is to acknowledge that I am requesting a reasonable accommodation in order to perform the essential functions of my job. I acknowledge and understand that the District will engage in an interactive process with me to determine what reasonable accommodation(s) may be available and appropriate under the circumstances. I agree to fully cooperate in this process and understand that I may need to provide appropriate medical documentation to verify the need for a reasonable accommodation, and/or may need to see a health care professional of the District's choosing, at the District's expense. I understand that the failure to cooperate with this process may result in the denial of my request. Furthermore, I acknowledge and understand that the District is not required to make the specific accommodation(s) requested by me and may provide an alternative, effective accommodation, to the extent any reasonable accommodation is appropriate and can be made without imposing an undue hardship on the District or a direct threat to health or safety. By signing below, I am verifying that the above information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Superintendent of Schools  
Robert J. Breidenstein  
716-945-2403

Deputy Superintendent  
Dr. Mark D. Beehler  
716-945-2400 Ext. 6128

Assistant Superintendent for Finance & Operations  
Karen S. Magara  
716-945-2400 Ext. 4018

Director of Pupil Services  
Kristin Dudek  
716-945-5142

*Where Learners Become Leaders*