

The American with Disabilities Act (ADA) requires employers to provide reasonable accommodations for qualified employees with disabilities, unless such accommodations pose an undue hardship (e.g., too costly, too extensive, too substantial, too disruptive). In general, the employee with a disability is responsible for letting the employer know that an accommodation is needed to perform essential job functions or to receive equal benefits and privileges of employment. Employers are not required to provide accommodations if they are not aware of the need.

Employees of the Hamilton School District who believe they may qualify for an accommodation under the American with Disabilities Act are encouraged to complete the following request form and contact John Roubik, Director of Human Resources & Organizational Development at roubjo@hamilton.k12.wi.us or 262-246-1973 x 1179 for further information.

REASONABLE ACCOMMODATION REQUEST FORM

To be filled out by the employee and returned to the Human Resources office

A. Questions to clarify accommodation requested.

Name: _____

Position: _____

Supervisor: _____

Nature of the qualifying disability:

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes No

If yes, please explain.

Is your accommodation request time sensitive? Yes No

If yes, please explain.

B. Questions to document the reason for accommodation request.

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation? Yes No

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

Physician Contact Information (**Employees only**) (Please provide name, address, telephone and fax numbers). The physician may receive a letter/fax from the Hamilton School District requesting information on your impairment/disability and recommendations for accommodations.

I authorize the release of necessary confidential medical information regarding my disability to the Director of Human Resources & Organizational Development and relevant supervisors as deemed necessary by the Hamilton School District.

Signature

Date