



1 Valley View Drive  
Cortland, NY 13045  
(v) 607.758.4100 (f) 607.758.4109

**Workplace Accommodation Request Form**

The purpose of this form is to assist the district in determining whether or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. *This form will be filed separately from the employee's personnel file and be treated confidentially.*

**Section 1: To be completed by the employee requesting the accommodation:**

Employee Name:	Date:	Telephone:
Building/Department:	Position:	
Principal/Supervisor:	Date Rcvd:	

I give the Cortland Enlarged City School District permission to explore coverage and reasonable accommodations under the American with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where the District requires input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize the Assistant Superintendent for Pupil and Personnel Services or the District Physician to consult with the medical/mental health professional that provided documentation.

\_\_\_\_\_  
Signature of Employee Date

**Reasonable Accommodation Request Form:**

Please answer the following questions to assist the district in understanding the basis and nature of your request for a reasonable accommodation. Attach additional sheets if necessary.

A. Indicate physical or mental limitation(s) and expected duration of limitation(s).

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

B. Explain how the disability/limitation affects the ability to perform one or more functions of your job:

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C. List accommodations needed to perform essential functions. Please be specific if equipment is requested.

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D. Has a physician, vocational rehabilitation specialist or other health professional recommended a specific accommodation? Yes  No

If yes, please attach a copy of their recommendations.

*Please submit this form in person at the district office or mail to:*

*Cortland Enlarged City School District  
Attn: Personnel Office  
1 Valley View Drive  
Cortland, NY 13045*

*For questions or assistance completing the form please call: 607-758-4102.*

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**Section 2: For District Use:**

Request Received \_\_\_\_\_ (Date) \_\_\_\_\_ (Received by)

Medical Note Received: Yes  No  If No, Requested Date: \_\_\_\_\_

Review Meeting Held: \_\_\_\_\_ (Date)

Accommodation Approval: Yes  No

Alternate Accommodation:

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