



Request for Reasonable Accommodation

Date: _____ Employee ID: _____
Employee Name: _____ Position/Title: _____
School/Department: _____ Supervisor: _____
Work Phone #: _____ Work Email: _____
Home Phone #: _____ Home Email: _____

Please respond to the following questions to document the reason for the accommodation request. Attach additional sheets, as needed. If appropriate, attach medical documentation.

1. Do you have a physical or mental impairment? Yes No
If yes, name the medical condition(s) and describe briefly:

2. Are you seeking a reasonable accommodation because of this impairment to enable you to perform the essential functions of your position? Yes No

3. Does the physical or mental impairment limit your ability to perform a particular job function(s)?
 Yes No

4. Based on your understanding of your current position, what tasks and duties are you unable to accomplish because of your impairment?

5. Do you currently have any medical work restriction(s) ordered by your doctor? Yes No
If yes, list the restriction(s) and describe briefly. Please indicate if the restriction(s) are permanent or temporary.

6. Based on your understanding of your current position, what reasonable accommodation(s) could be made that would enable you to perform the essential functions of your position? Be as specific as possible. (List purchasable items, suggestions for work site modification, specific duties that can be restructured, etc.)
7. 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:
8. Is your accommodation request time sensitive? ___Yes ___No
If yes, please explain:
9. Have you requested any accommodation in the past for the same limitation? ___Yes ___No
If yes, what were they and how effective were they?
10. Please provide any additional information that might be useful in processing your accommodation request:

I voluntarily request I be provided with the above indicated work accommodations in compliance with the Americans with Disabilities Act (ADA). I understand that Denver Public Schools may require I provide medical documentation supporting this request and the determination of whether or not I am eligible for an accommodation may be contingent upon such documentation. Moreover, I understand that under the ADA, only reasonable accommodations that do not pose an undue hardship to the employer are required.

Employee Signature: _____ Date: _____

Home Mailing Address: _____

Home Phone #: _____

Submit all forms to: HR Disability Management- 1860 Lincoln St. 11th Floor; Denver, CO. 80203; fax to (720) 423-3853 or email to HR Disability Management: hr_disability_mgmt@dpsk12.org