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Americans with Disabilities Act Request for a Reasonable Accommodation Based on Disability

To be protected under the ADA, an individual must have a record of, or be regarded as having a substantial (as opposed to a minor) impairment. A substantial impairment is one that significantly limits or restricts a major life activity. This form is designed to assist employees in requesting a reasonable accommodation. A reasonable accommodation is any change or adjustment to a job or work environment that does not cause an undue hardship on the department or unit and which permits a qualified employee with a disability shown to rise to the level of the ADA to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities.

Instructions:

Employees wishing to submit a request for accommodation should do so to his/her immediate supervisor. The request must include complete information, including medical documentation, specific to the disability or impairment. Such documentation must be provided by an appropriate physician – signed and dated.

- A. If you need simple workplace modifications, first, speak with your immediate supervisor regarding your needs.
- B. If you and your supervisor agree on appropriate modification(s), you do not continue any further in this process.
- C. If you and your supervisor are unable to agree on modifications, you may be eligible for a reasonable accommodation and if you desire, proceed through this process.

This form must be completed whenever an employee requests an accommodation, or it is apparent that a reasonable accommodation may enable an individual with a disability to perform the essential duties of a position or participate in the employment process. These forms will help to further assess your specific impairment and facilitate the accommodation process. Upon receipt and review of your request further information may be warranted. Copies of the completed form shall be forwarded to the Superintendent's Office.

If your request is denied, you are entitled to file an appeal. Persons wishing to appeal an accommodation determination may do so by following the Grievance Procedure.



**Americans with Disabilities Act
Employee Request for a Reasonable Accommodation Based on Disability**

This form must be completed when an employee is making a request for accommodation due to a documented disability. To be eligible for a reasonable accommodation under the American with Disabilities Act (ADA), you must be qualified to perform the essential functions of your position with or without an accommodation, and have a qualifying disability that limits a major life function. Please attach any supporting documentation with your request.

Employee Name:	Contact phone number:
Direct Supervisor/Principal:	Building/Campus Assignment:

1. State the nature, severity and duration of the impairment.
2. List the qualified individual(s) providing documentation here (since we cannot always read doctors' signatures); and, attach medical documentation, signed and dated, to support your claim.
3. Please describe which major life activity your impairment limits. (For example, lifting, walking, seeing, lifting, hearing, sitting, speaking, breathing, concentrating, etc.)
4. Describe how your condition limits your ability to perform the essential functions of your job. Identify each essential function affected and be specific about how the medical condition impairs your ability in to execute each function.
5. Specifically describe the accommodation(s) you are proposing. Add any comments you feel may be helpful in our consideration of your request:

Employee Signature

Date

For District Use Only: Determination

- Eligible for accommodation(s) listed above
 - Ineligible for accommodation(s) due to insufficient documentation; list: _____
 - Ineligible for accommodations for other reasons; list/attach: _____
- Duration of accommodation(s): _____ to _____
Date Date

Signature of Administrator: _____ Date _____ Supt. Initials _____ Date _____