

RYE CITY SCHOOL DISTRICT
RYE, NEW YORK

9350

**STAFF REQUESTS FOR WORKPLACE ACCOMMODATIONS
UNDER THE AMERICANS WITH DISABILITIES ACT AS AMENDED (ADAAA)**

The Rye City School District is committed to equal opportunity and nondiscrimination (0100, Equal Opportunity and Nondiscrimination) for staff and students. The Superintendent or his/her designee is authorized to provide reasonable accommodations for qualified employees who require such in order to perform the essential functions of their job under the provisions of federal and state law.

Under the law, employees are responsible for notifying the district that an accommodation is needed. New applications for accommodations will be reviewed and managed in a timely manner. The Superintendent or his/her designee will review and make final decisions on appropriateness of accommodation requests.

In order to expedite the process, the Request for Workplace Accommodations form for such accommodations should be completed and submitted to Human Resources three weeks prior to the start of school. If a need arises after the beginning of the school year please complete the form and contact Human Resources. The form should include the following:

- reasonable documentation from a physician, nurse practitioner, or physician assistant showing that the employee has a disability as defined by the Americans with Disabilities Act as Amended (ADAAA),
- description of how this disability impacts job performance ability, and
- a statement of the accommodation the employee is seeking and explanation of how the accommodation will impact or benefit the disability.

It should be noted that while efforts will be made to comply with specific accommodation requests, some requests may impose an undue hardship on the District. The District will collaborate with the employee to attempt to find a suitable accommodation. The District will respond to requests for accommodation in a timely manner.

If an employee is dissatisfied with the District's response, complaints or grievances related to this matter shall be pursued in accordance with policy 0100, Equal Opportunity and Nondiscrimination.

Cross-ref: 0100, Equal Opportunity and Nondiscrimination

Ref: Americans with Disabilities Act, 42 U.S.C. §12101 *et seq.*
Rehabilitation Act of 1973, 29 USC §§705, 794 *et seq.* (Section 504)
Executive Law §290 *et seq.* (New York State Human Rights Law)

Adoption Date: May 16, 2017

RYE CITY SCHOOL DISTRICT
Request for Workplace Accommodation

***** Completed by Employee *****

Employee: _____

Date of Request: _____

Title: _____

Location: _____

Condition/limitation: _____

How does this condition/limitation affect your ability to perform the essential functions of your job?

Workplace accommodation(s) requested: _____

***** Completed by Employee's Physician *****

Physician (please print): _____

Date: _____

Physician Signature: _____

Telephone #: _____

Based on ADA criteria, please explain how/why the employee's condition/limitation constitutes a non-disqualifying disability (attach additional pages as needed):

Please identify the workplace accommodations that are either recommended or required for the employee to be able to perform the essential functions of his/her job (attach additional pages as needed):

Accommodation(s)	Recommended or Required
	<input type="checkbox"/> Recommended <input type="checkbox"/> Required
	<input type="checkbox"/> Recommended <input type="checkbox"/> Required
	<input type="checkbox"/> Recommended <input type="checkbox"/> Required

Return this form to the Office of Human Resources with any additional supporting documentation

Date of Acknowledgement by the Board of Education: May 16, 2017