



## **Voorhees Township Public School District**

### **EMPLOYEE ACCOMMODATION REQUEST**

The Voorhees Township Public Schools pursuant to Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, ADA/New Freedom of Initiatives, Title VII of the Civil Rights Act of 1964 amended by the Equal Opportunity Commission and Title I of the ADA will, in good faith, provide reasonable accommodations for its qualified employees. The District may require additional information in order to determine what accommodations can be provided. The District will disseminate information submitted in support of a request for accommodation on a need to know basis. In addition, the District will act in a timely manner on such requests for accommodation. It should be noted that information submitted is kept in confidence.

#### **INSTRUCTIONS:**

The Voorhees Township Public Schools employee requesting accommodation as a result of a medical condition must file this 504 Accommodation Request Form and submit supporting medical documentation to the 504 Compliance Officer for review and consideration. The applicant must submit the request, supported with the necessary medical documentation that includes: diagnosis, prognosis, time period in which the applicant seeks an accommodation, and a detailed description of the accommodation being requested.

To protect the applicant's privacy rights, requests that the supporting medical documentation be submitted directly to the 504 Compliance Officer. Upon receipt and acknowledgement of the fully executed request, the 504 Compliance Officer will convene the District's 504 Committee to review the request in an effort to make a determination as to whether the requested accommodation is reasonable and feasible. Upon such determination, the 504 Compliance Officer will notify all interested parties of the determination in a timely manner and/or schedule a meeting to engage in the interactive process. Please complete the attached application. Print clearly where applicable.

After submitting this form and supporting medical documentation, a meeting will be scheduled in a timely manner.

**SECTION 1:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department/School: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**All Section 1 information must be completed and signed prior to submission otherwise applications will be deemed incomplete and will be returned.**

**SECTION 2:**

By way of execution of this Accommodation Request Form, I hereby authorize the use/or disclosure of my health information to the Voorhees Township Public Schools 504 Compliance Officer, who will share it only with the members of the District's 504 Compliance Team. I understand that I have the right to revoke this authorization at any time by notifying the District in writing of the revocation to the attention of the 504 Compliance Officer.

I understand that revocation is only effective after it is received and recorded by the District. I understand that after this information is disclosed, it may no longer be protected by federal and/or state privacy laws and the recipient may disclose it.

I understand that I am entitled to receive a copy of this authorization. I understand that this authorization expires when my employment is terminated, unless otherwise noted here \_\_\_\_\_ (expiration date).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**SECTION 3:**

**Job Description** – Describe, in detail, the nature and responsibilities of your position with the Voorhees Township Public Schools. The description should include, but not limited to, work hours, 10-12 month employment, and duties performed.

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**SECTION 4:**

**Requested Accommodation (s)** - In detail, explain the accommodation (s) requested. Such information must include any and all reasonable accommodations needed; the reasonable time period for the required accommodation(s). Attach supporting medical documentation from your treating physician.

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**SECTION 5 (to be completed by the 504 Compliance Officer:**

**Description of Interactive Process**

Date Request Received by 504 Compliance Officer: \_\_\_\_\_

Date Reviewed by 504 Compliance Officer and Committee Members: \_\_\_\_\_

Date of Interactive Meeting with Employee \_\_\_\_\_

Description of Interactive Meeting (include participants, summary of discussion, alternatives discussed, documents reviewed):

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**SECTION 6: Decision of 504 Compliance Officer**

Employee was determined: \_\_\_\_\_ **ELIGIBLE** \_\_\_\_\_ **NOT ELIGIBLE**

**Explantion of Decision:**

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**If eligible effective start date** \_\_\_\_\_ **end date** \_\_\_\_\_

**Date 504 Response (attached) was reviewed and sent to employee:** \_\_\_\_\_

An appeal of this decision must be forwarded to the Superintendent of Schools in writing within 15 school days of receipt of the committee's decision.