



Risk Management Department

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Scott Nelson
Risk Manager



Request for Reasonable Accommodation

- For complete instructions and vital information, please see Page 2 of this form.
- If you need assistance in completing this form, please contact the Risk Management Department.

REQUESTOR INFORMATION

First Name: _____ Last Name: _____

Employee Identification Number (EIN): _____ If no EIN, SSN last 4 digits: _____

Please check (✓) if you are seeking accommodation for a position you **hold** or **desire** .

Title of the position you hold or desire: _____

Site/ Administrator/Supervisor

Department: Name/Phone #: _____

ACCOMMODATION REQUESTED

Please describe the accommodation(s) you are requesting: _____

Please describe the impairment you are experiencing and how it is affecting your abilities to do your job. Please attach medical information such as a note from your doctor if available.

ACKNOWLEDGEMENT

Please read page 2 of this form.

Please check (✓) if you would like reasonable accommodation? Yes No

Please check (✓) if you would like to participate in the Interactive Process? Yes No

Signature: Your signature means that you have read and understand your disability rights and the district's obligations, as explained on page 2 of this form.

Signature

Date

Please submit this form to the Risk Management Department (Attention PDDE)

INSTRUCTIONS

PURPOSE

If you have a medical condition or disability as defined by federal and state law,¹ you have the right to be free from discrimination on the basis of that condition/disability. The district maximizes opportunities for you to receive your disability rights which include the right to be reasonably accommodated and to participate in that decision-making process (i.e. the Interactive Process). The purpose of this form is to give you the opportunity to request reasonable accommodation and engage in the Interactive Process. If you do not want reasonable accommodation or participate in the Interactive Process, please indicate such at the bottom of the form, sign and return the form to the Risk Management Department.

MEDICAL INFORMATION/CONFIDENTIALITY

Your disability rights are based upon you having a substantial impairment to one or more major life activities, and/or major bodily functions. You may be asked to provide evidence for such impairment(s) from a qualified and appropriate physician. The physician must describe the level of impairment based upon an individualized assessment, and the physician's conclusions must be objectively reasonable. All medical information is confidential and protected by federal and state confidentiality laws.² Pursuant to these laws, and depending upon circumstances unique to your situation, you may be asked to sign an *Employee's Authorization For Use and Disclosure of Medical Information* form to enable communication between EGUSD and your physician. Within the parameters of these confidentiality laws, information might be shared with superiors on a strictly need-to-know basis.

ESSENTIAL FUNCTIONS

Essential functions are basically the reasons the job exists – i.e. the job exists so these functions can be performed. What constitutes an essential function includes, but is not limited to the function: can only be performed by a limited number of employees; requires particular knowledge, skills and abilities; fulfills the district's and/or a department's mission, goals and objectives (e.g. A function may be performed with low frequency, but when it is performed, it is absolutely critical to providing education.); and the consequences if the function is not performed. Reasonable accommodation enables the performance of essential functions.

REASONABLE ACCOMMODATION

Reasonable accommodation enables the performance of essential functions by overcoming limitations imposed by the medical condition/disability on the performance of essential functions. All possible forms of accommodation are considered, especially your request. Forms of accommodation can include: accessibility; assistive devices; flexible leave; job modification/restructuring (marginal functions only); modified schedule; reassignment; and training. The reasonableness of an accommodation is based upon criteria such as: safety to self and others; and undue hardship to the district's finances and/or business necessity.

INTERACTIVE PROCESS

The Interactive Process is an informal ongoing process of good faith communication directly between you and the district. Together we communicate about: the nature of your condition/disability (e.g. impairments); limitations on the performance of essential functions; identify forms of accommodation and assess the reasonableness of each; select the best accommodation that is reasonable; develop and implement a plan of action; and if reasonable accommodation has been provided, evaluate its effectiveness. Ongoing communication includes meetings, emails, letters, faxes, and phone calls. We recognize this may be a difficult time in your life. Therefore, as a courtesy, we extend to you the opportunity to have a responsible person assist/support you in this process. Please note that we cannot discuss your issues with someone other than you. If you follow the advice of others, please be mindful that since this is about you and your job, you bear the consequences of their advice.

WHAT TO EXPECT

When we receive your request, we will be contacting you as soon as possible and will guide you through the Interactive Process. If you have any questions, comments or concerns, please do not hesitate to contact the Risk Management Department.

¹ The federal Americans With Disabilities Act (ADA), and the California Fair Employment and Housing Act (FEHA).

² The Health Information Portability and Accountability Act (HIPAA), and the California Medical Information Act (CMIA).