Robert L. Trigg Education Center, Rm 203
9510 Elk Grove-Florin Road • Elk Grove, CA 95624

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Robert L. Trigg Education Center, Rm 203
9510 Elk Grove-Florin Road
Elk Grove, CA 95624
Phone: (916) 686-7797 Fax: (916) 685-2606
Website: www.egusd.net/riskmanagement

Request for Disability Related Accommodation – Confidential

In accordance with California's Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA), EGUSD provides reasonable accommodations to qualified employees and applicants with disabilities or medical conditions, unless to do so would be an undue hardship. A Reasonable Accommodation is a change in the job, work environment, or processes to enable those employees to perform the essential functions of their job. Reasonable Accommodation may include, but is not limited to; job duty modification, shift or schedule change, time off for medical care, modification to work area, or assistive devices or aids.

EMPLOYEE INSTRUCTIONS:

1. Complete the Employee section of the Reasonable Accommodation Request form.
   - Answer all the questions/fill in all the blanks.
   - DO NOT state your medical condition or diagnosis.
   - Provide all of your current contact information.
   - Read and sign the Acknowledgment and Authorization.
   - Note that incomplete information **may cause a delay** in processing your request.
2. After completing the Employee section, **submit the entire packet** to your Health Care Provider and ask him/her to complete the Health Care Provider section.
3. Return all completed forms to the Risk Management Department, Elk Grove Unified School District.
   - US Mail: 9510 Elk Grove Florin Road, Elk Grove, CA 95624
   - District Mail
   - FAX: (916) 685-2606
   - Mail to: RISKMAN@egusd.net
4. You will be notified in writing by the Risk Management Department whether your medical condition qualifies under the law, making you eligible for accommodation, and advised of next steps in the process.
5. Contact the Risk Management Department if you have questions: (916) 686-7775 or via E-mail RISKMAN@egusd.net .

HEALTH CARE PROVIDER INSTRUCTIONS:

1. Complete the Health Care Provider section of the Reasonable Accommodation Request form:
   - Type or print legibly and sign. Incomplete forms or illegible information may cause a delay in your patient/our employee receiving a Reasonable Accommodation.
   - **DO NOT disclose a medical diagnosis.**
   - Note that your patient/our employee has signed an authorization for the release of this information. All information is held strictly confidential in accordance with relevant laws and regulations.
2. Return the completed forms either to your patient or to the EGUSD Risk Management Department using the contact information listed above. THANK YOU FOR YOUR COOPERATION!

Reasonable Accommodation Request Form

EMPLOYEE to Complete:

Date ______________________ Employee EIN# ______________________

Name ______________________ Phone Contact ______________________

Job Title ______________________ E-Mail Contact ______________________

Supervisor Name ______________________ Dept./Site ______________________

1. Do you have a physical or mental medical condition that is interfering with your ability to perform your job duties (including regular and timely attendance)? ☐ Yes ☐ No

2. Is your condition permanent? ☐ Yes ☐ No **If NO, please state its expected duration:**

____

3. In your current position, what tasks and duties are you unable to accomplish because of your condition?

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4. What Reasonable Accommodation(s) could be made that would enable you to perform the tasks and duties of your position? Include suggestions for purchasable items, worksite modification, duty restructuring, etc.

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5. Do you currently have any ADA/FEHA, Workers' Compensation, or Family and Medical Leave Act (FMLA) work restrictions ordered by your Health Care Provider? ☐ Yes ☐ No ☐ Not Sure

ACKNOWLEDGEMENT and AUTHORIZATION

This request for Reasonable Accommodation will assist me in performing the essential functions of my job. I understand that this document and medical verification will be kept in my FEHA medical file, which is separate from my personnel file. As part of my request for Reasonable Accommodation, I authorize:

- My Health Care Provider to disclose to the Risk Management Department any related medical restrictions/limitations of which they are aware.
- Workers' Compensation to disclose to the Risk Management Department any related medical restrictions/limitations, my current status, my treatment program and any job modifications which I have received.
- The Risk Management Department to provide a copy of my FEHA medical file to the CalPERS (California Public Employees' Retirement System) or CALSTRS (California State Teachers' Retirement System) upon filing my application for disability retirement with them.
- By completing this form, I certify that I have a disability that requires a reasonable accommodation. All information provided is true and correct. I understand my rights and the district's obligations.

Signature:____________________________________ Date:____________________

HEALTH CARE PROVIDER to Complete:

Patient/Employee Name:____Date: __________________________

1. Does the patient/employee have a medical condition that limits a major life activity?

☐ Yes ☐ No

If YES, please complete the following:

2. Type of Impairment:

☐ Physical ☐ Mental ☐ Both

3. What major life activity is limited?

☐ Sitting	☐ Standing	☐ Lifting
☐ Reaching	☐ Walking	☐ Breathing
☐ Seeing	☐ Hearing	☐ Sleeping
☐ Thinking	☐ Interacting with others	☐ Communicating
☐ Learning	☐ Concentrating	☐ Caring for oneself
☐ Working	☐ Other:_________________________	

4. Is the condition permanent? ☐ Yes ☐ No **If NO, please state its expected duration:**

____

5. Please state the patient/employee's specific health restrictions or limitations: (**DO NOT DISCLOSE DIAGNOSIS**)

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6. Scheduled treatment:

____

Provider Signature: ______________________________________ Date:________________________________

Name (printed) ____ Specialty:_____________________________

Address ____

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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.

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 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.

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

[2] The federal Health Information Portability Protection Act (HIPPA), and the California Medical Information Act (CMIA).