



Sandra Montañez-Diodonet, Ed.D.
Superintendent of Schools

Miguel Frias
Director of Human Resources

REQUEST FOR REASONABLE ACCOMMODATION FORM

This form must be completed by the individual requesting a reasonable accommodation and submitted to hrbenefits@passaicschools.org. Information regarding requests for reasonable accommodations is confidential and will be shared only with appropriate personnel as necessary. Your cooperation is essential in order to ensure a productive, interactive process with the goal of finding an acceptable accommodation.

Request for Reasonable Accommodation is temporarily and must be updated every school year, if needed.

Please Print Clearly:

Employee Name: _____ Job Title: _____

Location: _____ Work Telephone #: _____

Work Schedule (days and times): _____ Administrator: _____

1. What specific accommodation are you requesting?

2. What, if any, job functions are you having difficulty performing?

3. What limitation is interfering with the ability to perform their job duties?

4. Have you had any accommodations in the past for this same limitation? Yes _____ No _____

If yes, what were they and how effective were they?

5. List any documentation provided in support of the requested accommodation.

Attached: Medical Documentation: _____

Other: _____

Please provide doctor's note or medical documentation in support of the requested accommodation.

Employee Signature: _____ **Date:** _____

Division of Human Resources