

**Reasonable Accommodation Request Form**  
**CONFIDENTIAL**

The purpose of this form is to assist CMSD in determining (1) whether an employee has a disability as defined by relevant law, and if so, (2) to what extent a reasonable accommodation is required to perform one or more essential functions of his or her job.

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

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Do you have a leave of absence application on file?  Yes  No

Please state the nature of your disability: \_\_\_\_\_

\_\_\_\_\_

Please provide a description of the accommodation you are requesting:

I give the Cleveland Metropolitan School District, including but not limited to the Talent Department, Legal Department, my manager/supervisor, department head and others who need to know, permission to explore possible coverage and reasonable accommodations under the American with Disabilities Act, as amended. All information obtained by CMSD during this process will be maintained in a separate confidential file and disclosed on a need-to-know basis.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please return this form to: Claire Akers  
Labor Relations Partner  
Talent Department  
Cleveland Metropolitan School District  
1111 Superior Ave. E, Suite 1800  
claire.akers@clevelandmetroschools.org