



Reasonable Accommodation Request Form
CONFIDENTIAL

The purpose of this form is to assist CMSD in determining (1) whether an employee is “disabled” 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 Human Resources Department, Legal Department, my manager/supervisor, department head and others who need to know, permission to explore possible coverage and reasonable accommodations under the Americans 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 by email or mail to: Employee Relations Department
Talent (HR) Department
Cleveland Metropolitan School District
1111 Superior Ave. E, Suite 1800
EmployeeRelations@clevelandmetroschools.org