



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: \_\_\_\_\_ ID Number: \_\_\_\_\_

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:

Multiple horizontal lines for describing the accommodation request.

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 \_\_\_\_\_

Follow the instructions to upload this form to our ADA application or
Return this form by Fax to: Deedra Thompson, Employee Relations Partner
Attn: ADA
Fax: 216-777-5035