

REQUEST FOR ACCOMMODATION

Instructions for Completing This Form

Consistent with the Americans with Disabilities Act (ADA), applicable state or local law, and Clinton Township Board of Education's policies, the Clinton Township Board of Education will provide a reasonable accommodation to a qualified employee with a disability if the accommodation would enable the employee to perform the essential functions of the job or access an employment benefit, unless doing so would pose an undue hardship.

If you believe you need an accommodation because of your disability, you are responsible for requesting a reasonable accommodation. Although you may make an accommodation request orally or in writing, during the current situation, it requested and encouraged employees to make their requests in writing using this Request for Accommodation form. Please submit the completed form to HR Coordinator, Claudia Cantelmi at ccantelmi@ctsdnj.org as soon as possible after your need for an accommodation is known. If you need extra space to complete this form, please attach additional pages.

After receiving this form, the Superintendent may contact you to discuss your accommodation request, clarify your needs, and, if necessary, request additional information to assess your request. It is important for you and the District/Superintendent to engage in this interactive process together, so please be sure to respond to any communications you receive relating to this request.

Please note that Board policy prohibits retaliation against any individual for requesting a disability accommodation in good faith.

If you have any questions about this form or the status of any accommodation request, or if you need assistance with filling out this form or making a request, please contact Claudia Cantelmi.

Employee Information

Employee Name: _____

Position/Department: _____

Supervisor: _____

Telephone Number: _____

E-mail Address: _____

Accommodation Request

Provide a description of the accommodation you are requesting (for example, an adjustment, change, or other assistance at work). Please identify a specific accommodation or suggestion(s) if you are not sure:

Provide the reason you need an accommodation (for example, a job function you are having difficulty performing or an employment benefit you are having difficulty accessing):

Describe what limitation, if any, is interfering with your ability to perform your job or access an employment benefit:

Describe how the accommodation requested will help you perform the essential functions of your job or access an employment benefit:

Is this request time-sensitive? Yes/No (circle one) If yes, please explain:

Provide any additional information you think may be relevant to this request:

I acknowledge that I have read this request form and accurately completed it. I certify that the information in this form is true and correct. I understand that any intentional misrepresentation concerning the facts or information may result in discipline, up to and

including termination of my employment.

Employee Signature

Date