PROVISO TOWNSHIP HIGH SCHOOLS DISTRICT 209
EMPLOYEE REQUEST FOR ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

Purpose:

ADA-Medical Request Form is used by an employee to submit a request for accommodation.

Processing Procedures:

1. The employee requesting accommodation submits Form ADA-99 (attached) with a copy of the current job description (if appropriate) to his/her immediate supervisor and a copy to the Office of Human Resources.

2. The Office of Human Resources will determine if additional medical information is needed and will furnish the employee with any forms/questionnaires necessary for the health care provider to complete.

3. The Office of Human Resources will evaluate information to determine eligibility within the guidelines of ADA.

4. The Office of Human Resources will then coordinate with the necessary staff and the employee to identify the essential functions of the job and determine whether there is an effective, reasonable accommodation that will enable the employee to perform those essential functions.

5. The Office of Human Resources will follow-up on employee's status/progress on annual basis, or earlier as need arises.

Confidentiality:

All medical-related information shall be kept confidential and maintained separately from other personnel records. However, supervisors and managers may be advised of information necessary to make the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.

Retention:

ADA Medical Request Form and attached documentation submitted to the Office of Human Resources will be maintained in a confidential manner in accordance with applicable federal and state mandated retention schedules.

Tony Brazouski, Ph.D.
Assistant Superintendent of Human Resources, Safety, and Athletics
Proviso Township High Schools District 209
8601 West Roosevelt Road, Forest Park, IL
(708) 338-5928

EMPLOYEE REQUEST FOR ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

Employee Requesting Accommodation: _____

Position/Title: _____

Department/School: _____

Work Address: _____

Work Telephone Number: _____ Home Number: _____

Immediate Supervisor: _____ Phone Number: _____

ACCOMMODATION BEING REQUESTED: (use back to continue, if necessary)

_____

_____

_____

_____

_____

_____

REASON FOR ACCOMMODATION (identify condition and functional limitation(s) for which you seek an accommodation):

Condition: _____

_____

_____

_____

Functional limitation(s): _____

_____

_____

_____

INSTRUCTIONS FOR EMPLOYEE

PLEASE ATTACH OR PROMPTLY PROVIDE DOCUMENTATION FROM AN APPROPRIATE HEALTH CARE PROVIDER DESCRIBING YOUR FUNCTIONAL LIMITATIONS AND SPECIFYING THE MEDICAL CONDITION CAUSING THE FUNCTIONAL LIMITATIONS.

Employee Signature: _____ **Date:** _____

HEALTH CARE PROVIDERS INFORMATION
CONFIDENTIAL RECORDS STATEMENT
AUTHORIZATION TO RELEASE MEDICAL RECORDS

INSTRUCTIONS FOR EMPLOYEE: Complete health care provider information and sign authorization release below. Make additional copies of this form for each of your health care providers, if you have more than one provider.

Sign and date all forms and return to:

Tony Brazouski, Ph.D.
Assistant Superintendent of Human Resources, Safety, and Athletics
Proviso Township High Schools District 209
8601 West Roosevelt Road, Forest Park, IL
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HEALTH CARE PROVIDER INFORMATION

Attending Health Care Provider's Name: _____

Attending Health Care Provider's Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (___) _____ Fax Number: (___) _____

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I have requested an accommodation from The Proviso Township High Schools District 209 under The Americans with Disabilities Act (ADA) of 1990.

I hereby authorize the ADA Coordinator for The Proviso Township High Schools District 209 to communicate directly with the health care provider who completes this form, in order to obtain clarification of issues relating to the functional limitations for which I am seeking an accommodation.

This authorization will automatically end within one year from the date I sign this form.

Employee's Signature: _____ Date: _____

CONFIDENTIALITY NOTICE: Medical-related information shall be kept confidential and maintained separate from other personnel records. However, supervisors and managers may be advised of information necessary to the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.