

This form will be completed at the time of your meeting.



Fremont Unified School District

Human Resources Department

REQUEST FOR ACCOMMODATION INSTRUCTIONS

Employee Procedures: In order to process and expedite your application for reasonable accommodation, please submit the following: (Please note the accompanying specific definitions.)

1. Complete and sign an **Application for Reasonable Accommodation**.
2. Submit documentation from your treating physician which identifies the disabling condition(s) and related limitations. This documentation should include:
 - a. The diagnosis and expected time period for requested accommodation.
 - b. Suggested accommodations that would enable you to perform your essential job duties.

After completing the packet, submit it to:

Assistant Superintendent of Human Resources or Designee
Fremont Unified School District
Human Resources
4210 Technology Drive
Fremont, CA 94538

A signed authorization to release medical information (to be used in the event that additional medical information is required by the District) may be requested by the Human Resources Department.

District Procedure:

Level I: The immediate supervisor and the employee will meet to begin the interactive process to discuss the request for accommodation. If the accommodation can reasonably be made at this informal site level, the supervisor will notify the Assistant Superintendent of Human Resources or Designee of the request and what steps are being taken to put the accommodation in place.

Level II: If the accommodation cannot be reasonably made at Level I, the Assistant Superintendent of Human Resources or Designee will review the application, essential job functions, and medical information provided. The review may include any or all of the following items:

- a. Review the reasons why reasonable accommodation requested at the Level I was not implemented.
- b. Continuation of interactive process. This may include other District personnel that the Designee determines may be needed to assist in the review of the Request for Accommodation.
- c. Request for further medical information.
- d. Job audit of essential functions.
- e. Seeking ideas/options from other sources.
- f. Consultation of the Administrative Regulation 4144.2, Worker's Compensation

If not resolved at Level II, the employee may appeal and the application will move to Level III.

Level III: Upon appeal, a panel will review the Request for Accommodation and the steps previously taken at each Level. After the review, the panel will make a recommendation. The panel may be comprised of the following:

- a. Site Supervisor
- b. Human Resources Representative
- c. Others as deemed appropriate

Any further appeal for reasonable accommodation may follow the district's Compliant Process, Administrative Regulation 1312.1.



Fremont Unified School District

Human Resources Department

CONFIDENTIAL APPLICATION FOR REASONABLE ACCOMMODATION

Employee: _____

Last

First

Middle

Home Address: _____

Street

State

Zip

Phone Number: _____

Work

Home/Cell

Work Location: _____ Position: _____

A. **STATEMENT OF DISABILITY OR MEDICAL CONDITION:**

1. Identify your disabling condition(s):

2. Status of the disability/disabilities:

Permanent

Intermittent

Temporary (Beginning date _____ Anticipated end date _____)

3. What major life activity/activities is/are substantially limited by this disabling condition?

B. **PERFORMANCE OF JOB FUNCTIONS:** State specific job functions based upon your job description that you are unable to perform without requested accommodation.

C. **SPECIFIC ACCOMMODATION SOUGHT:** Describe options/suggestions for accommodations to assist in the performance of the essential functions of the job.

I understand that this application, attachments and all medical information subsequently requested will be considered as confidential medical information and will be retained by the Fremont Unified School District except where released by the applicant for other use.

Employee Signature

Date



Fremont Unified School District

Human Resources Department

Release of Medical Information

INFORMATION FOR EMPLOYEES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prompted new Federal regulations which require physicians to ensure they are protecting the privacy and security of patients' medical information. The general rule regarding release of a patient's medical record is that information contained in a patient's medical record may be released to third parties only if the patient has consented to such disclosure.

CONSENT FORM

SECTION 1

Name: _____ DOB: _____

Address: _____

Medical Record #: _____

I, the undersigned, authorize my physician to release to the Fremont Unified School District any medical information related to my disabling condition to be used solely for the purpose of evaluating my request for reasonable accommodation. I hereby acknowledge that I have been informed of my right to receive a copy of this authorization request. I further acknowledge that I have been informed that if the medical information contained herein is not released, my reasonable accommodation may be denied.

Employee Signature

Date

SECTION 2

Physician's Name: _____

Address: _____

Phone Number: _____

AMERICANS WITH DISABILITIES ACT (ADA)

Definitions

Who is effected: Qualified individuals with disabilities (faculty, staff and students) are defined by the ADA as anyone with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires. This includes people with current or part physical or mental impairments that substantially limit one or more major life activities, as well as those who have a record of such an impairment or are not disabled but are regarded as such.

Employment: Employment practice includes terms, conditions and privileges of employment such as: application, testing, hiring, assignments, evaluation, disciplinary actions, training, promotion, layoff, termination, compensation, etc.

Reasonable accommodation: Reasonable accommodation is any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a disability, e.g. , job restructuring, modifying work schedules, acquiring or modifying equipment or devices, etc. An employer must make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless it can be shown that the accommodation would cause an undue hardship on the operation of the business.

Essential functions: Essential functions are the fundamental duties of the employment position the individual with a disability holds or desires. They could not be performed by another position without seriously disrupting the operations of the unit. Marginal tasks, those that could be reassigned if necessary, are specifically excluded from the definition of essential functions. The district utilizes benchmark position research for essential functions.

Undue hardship: An action that is excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business.

Major life activities: Activities that an average person can perform with little or no difficulty such as walking, speaking, seeing, hearing, working, performing manual tasks, etc.