Request for Accommodation Form

The Personnel Department of Livingston Independent School District will review the request for processing. When appropriate, the request will be referred to the *Accommodations Facilitator*, coordinating the use of internal and external resources to assist any employee who may be experiencing physical and/or mental health challenges, which may affect the employee's job performance. The Accommodations Facilitator reviews employees' requests for ADA accommodation and recommends appropriate and reasonable accommodations in accordance with the ADA.

Employee's Name: _____ **EID#** _____

School/Department: _____

Position title: _____

Current status: Active (at work) _____ **Leave of Absence** _____

1. **List Impairment(s):**

2. **Specify how the impairment(s) listed above affects your ability to perform your job duties:**

3. **List job specific accommodation(s) requested to enable you to perform the essential functions of your job:**

4. **Additional Comments:**

NOTE: A physician statement or other relevant medical report outlining condition, limitations, and accommodations may be requested, if needed, for the District to consider this accommodation request

Please email scan or photo of form to
Livingston ISD Personnel Department
bwilroy@livingstonisd.com
nrobles@livingstonisd.com

Signature: _____ Date: _____

Please email scan or photo of form to
Livingston ISD Personnel Department
bwilroy@livingstonisd.com
nrobles@livingstonisd.com

Health Care Provider Form

Americans with Disabilities Act (ADA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II form requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information', as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or individual's family members or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee's Name:_____ EID# _____

Address: _____

Social Security No. _____ Date of Birth: _____ Gender:_____

Diagnosis or nature of illness/injury:_____

_____

Treatment prescribed, including frequency and duration:_____

_____

1) Is employee able to perform the job duties listed in the job description? _____

2) If there are any job duties the employee is unable to perform or can only perform in a limited manner, please list those job duties, describe any limitations and **expected frequency and duration**. _____

_____

_____

_____

_____

_____

_____

3) Are there any physical restrictions the employee must follow while at work? If so, please describe. _____

_____

_____

_____

4) Are there accommodations that Fort Worth ISD will need to make to allow employee to perform the current job duties? _____

_____

_____

5) Can employee perform the essential functions of her job without being a "direct threat" to self or others? _____

_____

6) How many hours per day can employee work? (if applicable) _____
   a. How many hours of sitting? (If applicable)_____
   b. How many hours of standing? (If applicable) _____
   c. How many days in a week? (If applicable) _____
   d. How many pounds can employee lift? (if applicable)_____

Health Care Provider Name (please print)

(MD, DO, or Ph.D.)_____

HCP License number:_____ State:_____

Address: _____

Phone:_____ Email:_____

Signature:_____ Date: _____

Please email scan or photo of form to
LISD Personnel Department
bwilroy@livingstonisd.com
nrobles@livingstonisd.com

Health Care Release Form

Livingston Independent School District

The Accommodations Facilitator or designee of Livingston Independent School District coordinates the use of internal and external resources to assist any employee who may be experiencing physical and/or mental health challenges which may affect the employee's job performance. The LISD Facilitator reviews employees' requests for accommodations and recommends appropriate and reasonable accommodations in accordance with the Americans with Disabilities Act.

The employee's signature on this form authorizes written and verbal communications between the LISD Facilitator named below and the health care professional(s). This communication will facilitate the analysis of reasonable and appropriate accommodation recommendations for the employee, and may be made by telephone, written correspondence, FAX, email or conferences. This is not a request for medical records.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II form requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information', as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or individual's family members or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I, _____, have read the above statement and I do hereby authorize the Livingston Independent School District's Accommodations Facilitator and/or designee to communicate with the health care provider listed below by verbal or written correspondence; I authorize both parties to share any information deemed necessary to facilitate the analysis of my accommodation request and of reasonable and appropriate accommodation recommendations, as referenced or specified in the attached Health Care Provider Form and Request for Accommodation Form.

Employee's Name: _____ EID# _____

Address: _____

Social Security No. _____ Date of Birth: _____ Gender: _____

Signature: _____ Date: _____

Health Care Provider Name (please print)

(MD, DO, or Ph.D.)_____

Address: _____

Phone:_____ Email:_____

Please email scan or photo of form to
LISD Personnel Department
bwilroy@livingstonisd.com
nrobles@livingstonisd.com

Americans with Disabilities Act (ADA) of 1990 and the Americans with Disabilities Act Amendments Act of 2008 (ADAAA) Acknowledgment Form

Employees must be able to perform the essential job functions. An employee is responsible for reporting to his or her immediate supervisor any injury or medical condition that interferes with the ability to perform the essential job functions of the employee's job. Employees are directed to contact LISD Personnel Department about an accommodation even if you have already communicated with your immediate supervisor regarding the disability or accommodation. Thus, an employee is ultimately responsible for timely seeing a request for an ADA accommodation that will enable him or her to perform the essential functions of the job. Such request should be in writing to LISD Personnel Department.

Additionally, employees are responsible for following District procedures in requesting an ADA accommodation or appropriate medical leaves, as necessary, and providing supporting documentation.

By signing below, I acknowledge I have received a copy of the following forms to properly request an ADA accommodation and will return the completed forms to LISD Personnel Department within **10 business days**:

- Request for Accommodation Form
- Health Care Provider Form
- Health Care Information Release Form
- Request for Additional Information Form
- Job Description

Signature:_____ Date: _____

LISD Employee

Please email scan or photo of form to
LISD Personnel Department
bwilroy@livingstonisd.com
nrobles@livingstonisd.com