ADA Form 1

NEWPORT NEWS PUBLIC SCHOOLS

ADA REASONABLE ACCOMODATION REQUEST

To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must (1) be able to perform the essential functions of your position with or without a reasonable accommodation and (2) have a disability as defined in the ADA that substantially limits a major life function.

Employee Information

Name:_____ Job Title:_____

Department/Location:_____ Employee ID Number: _____

Daytime Phone Number:_____ Name of your Supervisor:_____

1. Describe the accommodation you are requesting.

2. Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.

ADA Release of Information

I authorize my medical provider(s) to release information to, and if necessary, speak with the Newport News Public Schools Human Resources Office about my medical condition for the purpose of determining appropriate job accommodation(s) for my condition.

Physician Name: _____ Physician Address:_____

Physician Fax number:_____

Employee Name: _____ Signature:_____
(Print)

Date: _____

Please submit the completed form to:
(Fax) 757-643-7405
(Office) 12507 Warwick Boulevard
Newport News, VA 23606