

MONTCLAIR PUBLIC SCHOOLS
Employee ADA Reasonable Accommodation Request Form

Please print all entries

Employee name (last, first, middle) _____
School _____ Assignment/Title _____
Date _____

Please describe your present functional limitations: _____ _____ _____
How long do you expect to be disabled by this condition? _____
Does your disability affect your ability to perform the essential functions of your job? ____ Yes ____ No
If yes, please explain how your disability affects your ability to perform the essential functions of your job? _____ _____ _____
Do you have suggestions on an accommodation(s)? ____ Yes ____ No
If yes, please describe: _____ _____ _____
Employee comments: _____ _____ _____

If you have any questions regarding my request, please contact me at:

Phone _____ Email _____

Employee signature _____

Date _____