



ADA - ACCOMMODATION REQUEST

Prince William County Public Schools
Department of Human Resources
Manassas, VA 20112

Please submit the completed form to ADA@pwcs.edu

This form is for employees who wish to request reasonable accommodations as a result of a qualifying disability or condition. Upon receipt of this request, the ADA Office will reach out to schedule an Information Session, the first step of the accommodation process.

PWCS provides reasonable workplace accommodations to employees with disabilities or conditions that qualify under federal law known as the Americans with Disabilities Act and the Americans with Disabilities Act Amendments Act (collectively known as “ADA”).

*If you need assistance under ADA completing this form, please call 703-791-8568.

TO BE COMPLETED BY EMPLOYEE:

Name: _____ Employee ID Number: _____

Position: _____ Work Location: _____

Telephone Number (Work) _____ (Home) _____

Supervisor Name _____ Supervisor Number _____

1. Describe any job functions that you are having difficulty performing due to a claimed disability.

2. Describe the functional limitation(s) caused by your disability for which you are requesting an accommodation.

3. Describe any accommodations that you believe would minimize or eliminate the functional limitations listed above.

4. Is your accommodation request time- sensitive?

Yes No

If yes, please detail what factors now make it time-sensitive?

Confidential:

All medical documentation shared with PWCS through the Americans with Disabilities Act (ADA) reasonable workplace accommodation process will be maintained separate from the personnel files in accordance with all federal ADA requirements.

Employee Signature _____ Date _____

TO BE COMPLETED BY EMPLOYEE’S PHYSICIAN TO CONFIRM DISABILITY AND NEED FOR ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA):

All evaluations should be performed by an appropriately licensed medical professional with expertise in the area being assessed.

1. Health Care Provider’s Name and Business Address/Telephone Number

2. Do you define your patient's condition as a qualifying DISABILITY under the ADA? Yes No

The ADA defines disability as a mental or physical impairment that substantially limits a major life activity compared to most people. "Substantial" in this context means that in your professional opinion there is a notable, significant, limitation to the manner or duration in which the individual engages in the activity. Major life activities include, but are not limited to, caring for oneself, seeing, hearing, eating, speaking, walking, bending, lifting, thinking, or communicating.

If yes, please state the type of impairment. (click all that apply)

- Attention-Deficit/Hyperactivity Disorder
- Learning or Cognitive Disabilities
- Physical/Systemic Disabilities
- Psychological Disabilities
- Deaf/Hard of Hearing Disabilities
- Blind/Low Vision Disabilities
- Other

3. Please provide the diagnosis/diagnoses.

4. Please describe the nature of the employee’s medical condition.

5. When was the employee diagnosed with this condition? _____

6. What is the expected duration?

Temporary

Chronic/Life Long (expected to last longer than 6 months)

Unknown

7. If temporary, please provide the estimated end date of the limitation(s): _____

8. When was this employee last seen? _____

9. List each major life activity limited by the impairment and describe how the employee is restricted due to the condition.

10. If applicable, list the work functions that the employee is unable to perform based on this condition.

11. Based on the limitations listed above, describe any reasonable accommodations that would assist the employee in performing his or her job duties.

Safe Harbor Provision Under GINA

Safe Harbor Provision Under GINA, The Genetic Information Nondiscrimination Act of 2008 (GINA), prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this 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 an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Physician Signature _____ Date _____