



## **Dutchess BOCES Reasonable Accommodation Request Form**

**(This form will be filed separately from the employee's personnel file and be treated confidentially.)**

The purpose of this form is to assist the Dutchess BOCES in determining whether or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively.

**To be completed by employee requesting the accommodation:**

Employee Name:	
Building/Department:	Telephone:
Job Title:	Date:
Principal/Supervisor:	

**1. Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).**

A. Indicate physical or mental limitations(s) and expected duration of limitation(s).  
It is not necessary to indicate a medical diagnosis or condition.

B. Explain how the disability/limitation affects the ability to perform one or more essential functions of the job:



C. List accommodations needed to perform essential functions. If equipment is requested be specific.

D. Has a physician, vocational rehabilitation specialist, or other health professional recommended a specific accommodation? Yes No

If yes, please attach a copy of their recommendations.

A supervisor is not required to provide reasonable accommodations if he/she is not aware of the employee's need and desire for the accommodation. Reasonable accommodations are determined, identified and implemented in a collaborative process among the employee, supervisor and the Office of Human Resources. To maintain confidentiality, all medical documentation and information should be shared solely with HR.

Contents of this request are confidential and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation. This form will not be placed in your employment record file.

#### **INFORMATION PERTAINING TO MEDICAL DOCUMENTATION:**

After reviewing the initial request and supporting medical documentation, additional medical documentation and/or an examination may be necessary to determine whether a reasonable accommodation is possible. In such cases, a request for additional information and/or a medical appointment notice will be mailed to the employee's home.

Generally, in the context of an accommodation, medical inquiries related to an employee's disability and functional limitations are permissible and may include consultations with knowledgeable professional sources, such as doctors, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities. In the event that medical documentation is required, the employee will be notified to submit documentation from their medical provider.



## **GRANTING AN ACCOMMODATION**

After the review and consultation if it is determined that an employee has a condition consistent with ADA, CDC, and DOH that requires an accommodation, the Office of Human Resources will contact the employee's supervisor in order to determine the feasibility of granting an accommodation. If a reasonable accommodation is possible and granted, it may be reevaluated, modified or terminated due to changes in circumstances.

This is to acknowledge that I am requesting a reasonable accommodation. I agree to fully cooperate in responding to my request, including providing the appropriate medical documentation, if needed. I understand that I may not be provided with the specific accommodation that I have requested. I verify that the above information is complete and accurate to the best of my knowledge.

I give the Dutchess BOCES permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where Dutchess BOCES requires input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize the Office of Human Resources or District Physician to consult with the medical/mental health professional that provided documentation.

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Employee's signature

Date

**Forward a signed copy of this form to:**

**Dutchess BOCES  
Office of Human Resources  
5 BOCES Road, Poughkeepsie, NY 12603**



**Additional Sheet**