



## EMPLOYEE REQUEST FOR ADA ACCOMMODATION

Nebo School District prohibits discrimination on the basis of disability and provides reasonable accommodations to qualified individuals in accordance with Nebo School District Policy #GBEG – Workplace Accommodations for Employees with Disabilities.

Employee: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ School/Dept: \_\_\_\_\_

Identify or describe the physical or mental impairment that interferes with your ability to perform your job. (Attach additional pages if necessary.)

What is the estimated duration of your impairment? Please provide the basis for this estimation.

Identify the major life activities or major bodily functions that are substantially limited by your impairment. Check all that apply.

Major Life Activities	Major Bodily Functions
<input type="checkbox"/> caring for oneself <input type="checkbox"/> performing manual tasks <input type="checkbox"/> walking <input type="checkbox"/> seeing <input type="checkbox"/> hearing <input type="checkbox"/> speaking <input type="checkbox"/> breathing <input type="checkbox"/> learning <input type="checkbox"/> working	<input type="checkbox"/> eating <input type="checkbox"/> sleeping <input type="checkbox"/> standing <input type="checkbox"/> lifting <input type="checkbox"/> bending <input type="checkbox"/> reading <input type="checkbox"/> concentrating <input type="checkbox"/> thinking <input type="checkbox"/> communicating  <input type="checkbox"/> immune system <input type="checkbox"/> normal cell growth <input type="checkbox"/> digestive <input type="checkbox"/> bowel <input type="checkbox"/> bladder <input type="checkbox"/> neurological
	<input type="checkbox"/> brain <input type="checkbox"/> respiratory <input type="checkbox"/> circulatory <input type="checkbox"/> endocrine <input type="checkbox"/> reproductive <input type="checkbox"/> other: _____

What job function(s) or task(s) are you having difficulty performing?

Describe the accommodation(s) you are requesting and how it will assist you to perform your job. Please be specific. (Attach additional pages if necessary.)

Is your impairment causing you any difficulty participating in or receiving any benefit or privilege of employment? If so, explain.

Please provide any other information you think would be useful in evaluating your request.

I hereby represent that the information provided herein is true, correct and complete to the best of my knowledge. I understand that all information obtained by the District during this process will be maintained and used in compliance with ADA confidentiality requirements. I also understand that I may be required to provide the District with medical documentation about my condition, its functional limitations, and appropriate accommodations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_