



Vineland Public Schools

625 PLUM STREET • VINELAND, NJ 08360-3708 • (856) 794-6700 • FAX (856) 794-9464

Section 504/ADA Employee Accommodation Request

This section is to be completed by the Employee:

- 1.) Are you undertaking any measures that mitigate the impact of the mental or physical impairment on this major life activity? (e.g. medication, glasses).

- 2.) Are you able to perform the job functions of your position without accommodations?

- 3.) If you are unable to perform the job functions of your position without accommodation, please state the functions that you are not able to perform.

- 4.) State the circumstances surrounding your inability to perform the functions identified in #3 (e.g. frequency, duration).

Employee's signature: _____

Date: _____



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Section 504/ADA Employee Accommodation Request

This section is to be completed by the attending Physician:

Employee Name: _____

Date of Request: _____

Position: _____

Work Location: _____

1.) Specify the mental or physical impairment to be addressed in this request:

_____.

2.) Check the major life activity that is impacted by the mental or physical impairment referred in #1.

Breathing Hearing Walking Learning Speaking Seeing Lifting Standing

Working Performing manual tasks Caring for oneself Other

If other please specify: _____

3.) What accommodations would you recommend? Please specify:

4.) Does this mental or physical impairment substantially limit the major life activity referenced in #2? Yes No

Physician's Signature: _____

Date: _____

Address: _____

Officer Number: (_____) _____