

**SECTION 504/ADA  
EMPLOYEE REQUEST FOR ACCOMMODATION**

1. Name of Employee: \_\_\_\_\_ Title/Position: \_\_\_\_\_

2. Eligibility Determination:

*Individuals considered eligible for protection from discrimination under Section 504/ADA are those who have a physical or mental impairment that substantially limits a major life activity.*

A. Please describe your mental or physical disability:

\_\_\_\_\_

B. Please describe the major life activity substantially limited by your disability:

\_\_\_\_\_

C. Please describe how your disability affects your ability to perform essential job functions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Please describe the specific accommodation(s) being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Have you attached medical documentation to support your request? Yes No

F. If “no”, please provide the name and contact information for your treating physician:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. # \_\_\_\_\_

4. Authorization to Communicate with Medical Provider

I hereby authorize my employer, the Meriden Public Schools to obtain, and for the medical provider listed above, to release, confidential protected health information to the [**Name of Human Resources Director**] for the limited purpose of determining any work related

restrictions and/or accommodations which may be necessary in order to fulfill the essential function of my employment responsibilities. Any information received by my employer pursuant to this authorization shall be subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information. In addition, pursuant to the Genetic Information Nondiscrimination Act of 2008 (GINA), this authorization does **not** include permission for my medical provider to provide any genetic information relating to me or a family member, except as otherwise specifically allowed by GINA, to my employer. '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.

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Employee signature

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Date

**ONCE COMPLETED, THIS FORM, ALONG WITH SUPPORTING DOCUMENTATION SHOULD BE FORWARDED TO [HUMAN RESOURCES DIRECTOR]**

Cc: *Section 504 Coordinator*

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Updated: November 6, 2013