



## Reasonable Accommodation Request

Title I of the **Americans with Disabilities Act of 1990** (the “ADA”) requires Rock Hill Schools of York County District Three to provide reasonable accommodation to qualified individuals with disabilities, unless to do so would cause undue hardship. Please complete the following in order to verify the existence of an ADA disability and the need for a reasonable accommodation.

Employee Name:	Date:
Location:	Grade, Subject, or Assignment:

**If** your disability and need for accommodation are not obvious, the district will require documentation acceptable to the district from a physician or other healthcare professional to validate your disability under the qualifications of ADA and to establish the necessary reasonable accommodation. Have you already provided this documentation?

YES ☐ NO ☐ **If yes**, at what date and from which Physician? \_\_\_\_\_

**If no**, and your disability is not observable, please attach documentation from a Physician or other healthcare professional establishing you have a qualified ADA disability and the necessity and description of the type of suggested accommodation.

What is your specific functional limitation in regards to the disability in question?

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What is the workplace problem or barrier that you feel could be removed with a reasonable accommodation?

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Do you have a suggestion for a reasonable accommodation? If so, please describe:

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**Personnel Office**

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