

**POLICY TITLE: Request for Reasonable Accommodations Form**

**POLICY NO: 401F1  
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Wendell School District #232  
Employee/Applicant Request for Reasonable Accommodation

This form is intended to assist Wendell School District in assessing your request for a reasonable accommodation. This information will be part of an interactive process with you as we explore your request. This form and any additional medical information provided related to this request will be kept separate from your personnel file. Your responses may generate the need for additional medical information.

Please complete the form and return to: Wendell School District P.O. Box 300 Wendell, ID 83355  
Check One: Applicant \_\_\_\_\_ Employee \_\_\_\_\_

Name \_\_\_\_\_ Supervisor/Principal Name \_\_\_\_\_  
Position Title \_\_\_\_\_ School/Office \_\_\_\_\_

A. Identify your impairment(s) and indicate how you believe each impairment affects your job application process or your ability to perform your job duties (please be as specific as possible):

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

B. State the accommodation(s) you believe are necessary to enable you to participate in the job application process or to perform the essential functions of your job, and explain how the suggested accommodation(s) will assist you (please be as specific as possible):

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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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For District Use Only

- Eligible for accommodation(s) listed above
- Ineligible for accommodation(s) due to insufficient documentation; list: \_\_\_\_\_
- Ineligible for accommodation(s) for other reasons; list/attach: \_\_\_\_\_  
Duration of accommodation(s): \_\_\_\_\_ to \_\_\_\_\_

Signature of HR/Section 504/ADA Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Initials: \_\_\_\_\_ Date: \_\_\_\_\_