

POLICY TITLE: Letter to Healthcare Provider (Request for Reasonable Accommodation)

**POLICY NO: 401F3
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Date

Name of Healthcare Provider
Address

RE: (Name of Employee/Applicant) Request for Reasonable Accommodation

Dear (name):

(Name of employee/applicant) (is currently employed by) (is seeking employment with) Wendell School District as a (job title) at (name of school). The employee/applicant has requested an accommodation to enable him/her to (perform the essential functions of his/her position) (participate in the job application process) as a result of having a physical or mental impairment. As a result, I am seeking information concerning the employee's/applicant's condition and his/her ability to (perform the essential functions of his/her position) (participate in the job application process). A copy of the job description is enclosed for your review.

I have attached a Medical Release signed and dated by the employee/applicant, as well as the employee job description and a Physician's Request for Accommodations form. Please complete the Physician's Request for Accommodations Form and return to:

Superintendent, Wendell School District
P.O. Box 300, Wendell, Idaho 83355

You may fax the request to: 208-536-2629 or email it to (superintendent's email address)

Please note that the Genetic Information Nondiscrimination Act of 2008 (GINA) (29 CFR §1635.8) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, please do not provide any genetic information when responding to this request for medical information. "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 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 embryo lawfully held by an individual or family member receiving reproductive services. Please do not send general information related to office visits as such information may contain medical information not relevant to the request for accommodations.

If you have any questions regarding the essential job functions or how they relate to the employee's condition, I encourage you to contact me at 208-536-2418. Thank you in advance for your assistance.

Sincerely,
(name of administrator)
(title)