

Arlington Central School District
Office of Human Resources
144 Todd Hill Road, LaGrangeville, NY 12540, 845-486-4460
REQUEST FOR WORKPLACE ACCOMMODATION

*****Completed by Employee*****

Employee: _____ Date of Request: _____

Title: _____ Building: _____

Condition/limitation: _____

How does this condition/limitation affect your ability to perform the essential functions of your job?

Workplace accommodation(s) requested: _____

*****Completed by Employee's Physician*****

Physician (please print): _____ Date: _____

Physician Signature: _____ Telephone #: _____

Based on ADA criteria, please explain how/why the employee's condition/limitation constitutes a non-disqualifying disability (attach additional pages as needed):

Please identify the workplace accommodations that are either recommended or required for the employee to be able to perform the essential functions of his/her job (attach additional pages as needed):

Accommodation(s)	Recommended or Required
	<input type="checkbox"/> Recommended <input type="checkbox"/> Required
	<input type="checkbox"/> Recommended <input type="checkbox"/> Required
	<input type="checkbox"/> Recommended <input type="checkbox"/> Required

Return this form and any additional supporting documentation to:
Francesca Seidita, Administrative Assistant to the Assistant Superintendent for Human
Resources at fseidita@acsdny.org or
Arlington Central School District
144 Todd Hill Road
LaGrangeville, NY 12540

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