

BOARD OF EDUCATION
517 HAMILTON STREET
HARRISON, NEW JERSEY 07029

Telephone: (973) 483-2055
Telecopier: (973) 497-1725

MEMBERS

Maria J. Vila, PRESIDENT
ARTHUR PETTIGREW, VICE-PRESIDENT
VINCENT L. FRANCO
Johanna Lopez
Caroline Mandaglio
BRIAN TOAL
LILY WANG

Daniel J. Choffo
BOARD SECRETARY
SCHOOL BUSINESS ADMINISTRATOR

MICHAEL R. PICHOWICZ
BOARD COUNSEL

Section 504 ADA Accommodation Request Form

For _____
Print Employee's Name and, if applicable, Employee ID #

STATEMENT

Pursuant to Section 504 of the Rehabilitation Act of 1973, *et al*, the Harrison Board of Education ("District"), will provide reasonable accommodations for (a) its qualified, disabled employees, provided the employees can perform the essential functions of their respective jobs, and (b) all other employees that, by law, the District is required to accommodate. The information provided will be kept confidential and will be shared on a need to know basis only.

INSTRUCTIONS

The individual requesting an accommodation must file this form with the District's 504 Accommodation Officer (at the address in the heading of this form), along with supporting medical documentation. The supporting medical documentation must include the following:

(1) diagnosis; (2) initial date of onset of condition; (3) prognosis; (4) anticipated length of disability; (5) description of the requested accommodation; and (6) the original signature of the diagnosing physician dated within 30 days of request;

The employee may wish to submit the supporting medical documentation directly to:

Harrison Board of Education
Office of Board Counsel
517 Hamilton Street
Harrison, New Jersey 07
Attn: 504 Accommodation Officer

If hand-carried by the employee, the employee must deliver the medical documentation in a tamper-evident envelope.

Upon receipt of the fully executed application, the accommodation request will be reviewed in a timely manner by the 504 Accommodation Officer. The 504 Accommodation Officer will notify the employee in writing of the determination. Employee-employees are requested to continue to report to their respective location pending the 504 Accommodation Officer's determination.

Section 504 ADA Accommodation Request Form

1. Employee's Information

Name _____, _____, _____
Last First Middle Initial

Home Address _____, _____
Residence Number and Street Name Apt. #, Floor, etc.

_____, _____, _____
City State Zip Code

Home Phone _____ Mobile Phone _____
Area Code and Number Area Code and Number

E-mail Address _____

Work Location _____
School Name, Dept., etc.

Title _____ Work Phone _____

Supervisor _____
Area Code and Number

Do you have a permanent disability? Yes No

Were you approved for a previous reasonable accommodation? Yes No

2. Medical Authorization

By execution of this application, I hereby authorize the use and/or disclosure of my health information to the 504 Accommodation Officer. This health information may be secured by the 504 Accommodation Officer from Harrison Board of Education (the "District") which includes, but is not limited to board counsel and the district's physician, for matters relating to this request for accommodation. I further authorize the district's physician, board counsel and/or the 504 Accommodation Officer to communicate with my physician, care-taker, and/or the like in an effort to receive further information concerning my request for accommodation.

I understand that I have the right to revoke this authorization at any time by notifying the District's 504 Accommodation Officer in writing of the revocation.

I understand that revocation is only effective after it has been received by the District's designee(s).

I understand that any use or disclosure made prior to revocation under this authorization will not be affected by a revocation.

I understand that after this information is disclosed, it may no longer be protected by federal and/or state privacy laws and the recipient may disclose it.

I understand that I am entitled to receive a copy of this authorization.

As a District employee I understand that this authorization expires when my employment is terminated, or as otherwise noted below:

_____ (expiration date).

Employee's Signature _____ Date _____

Section 504 ADA Accommodation Request Form

3. Job Description

Please provide a detailed description of the nature and responsibilities of your position with the District. The description must include, as a minimum, your work hours, whether you are a 10 or 12 month employee, and your duties. **Please include any after school or extracurricular activities.**

4. Claimed Disability and Requested Accommodation

Please explain in detail the nature of employee’s claimed disability, and the accommodation requested. Such information must include any and all reasonable accommodations needed. Attach additional documents as necessary.

Section 504 ADA Accommodation Request Form for _____
Printed Name of Employee

Section 504 ADA Accommodation Request Form

5. Additional Comments

Please use the remaining space if you wish to include comments regarding this application that have not been previously addressed.

Signature of Employee _____ Date: _____