TRENTON PUBLIC SCHOOLS

SECTION 504 EMPLOYEE ACCOMMODATION REQUEST FORM

SECTION 504 EMPLOYEE ACCOMMODATION REQUEST

Trenton Public Schools, pursuant to section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title VII of the Civil Rights Act of 1964 amended by the Equal Opportunity Commission and Title I of the ADA will, in good faith, provide reasonable accommodations for its qualified employees with a disability. The District may require additional information in order to consider the request to provide a reasonable accommodation and/or in connection with the interactive process in an effort to determine what, if any, accommodations should be provided. The District will regard the dissemination of information in order to make a determination regarding accommodations on a "need to know basis". In addition, the District will act in a timely manner on such requests for accommodation. It should be noted that information submitted is kept in confidence to the extent possible and as required by law.

INSTRUCTIONS

The Trenton Public Schools' employee requesting accommodation as a result of a medical condition must file this Section 504 Accommodation Request Form and submit supporting medical information to Human Resources for review and consideration. The applicant must submit the request, supported with the necessary medical information that includes: disability, prognosis, time period in which the applicant seeks an accommodation and a detailed description of the accommodation being requested. (The request for documents means all documents related to this request. A one page "prescription" or "return to work" form is insufficient. The employee must produce all underlying medical information related to the requested accommodation.)

To protect the applicant's privacy rights, the supporting documentation should be submitted directly to the Human Recourses Department, Trenton Public Schools, 108 North Clinton Avenue, Trenton, NJ 08609. Upon receipt and acknowledgment of the fully executed request, the District's 504 coordinator, in consultation with the District's physician, will review the request in an effort to make a determination as to whether the requested accommodation is "reasonable" and "feasible". A meeting will be held with the employee as a part of this interactive process. Upon reaching a determination on the accommodation request, the Human Resources Department will notify all interested parties of the determination in a timely manner.

The employee must complete the attached application and should print clearly where applicable. After submitting this form and supporting medical documentation, the applicant will be scheduled to attend a meeting to discuss the request and the district's response.

TRENTON PUBLIC SCHOOLS

SECTION 504 EMPLOYEE ACCOMMODATION REQUEST FORM

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Department/School: _____ Position: _____

Applicant's Signature: _____

Supervisor's Name: _____

By way of execution of this Confirmation of Accommodation Request Form, I hereby authorize the use and/or disclosure of my health information to the 504 Coordinator for Trenton Public Schools, and will submit all documentation within ninety (90) days. After 90 days, if I am working with a specialist, I may request and the Board may grant me additional time to submit related medical information. I understand that this is a voluntary authorization and I have the right to revoke this authorization at any time by notifying the district in writing to the attention of the Human Resources Development, Trenton Public Schools, 108 North Clinton Avenue, Trenton, NJ 08609.

I understand that revocation is only effective after it is received and recorded by the district. I understand that after this information is disclosed, federal and/or state privacy laws may no longer protect it and the recipient may disclose it. I understand that confidentiality of medical records is to be preserved but that records may be shared with the Superintendent, Chief Medical Officer of the District and other confidential staff responsible for handling accommodation requests. Confidential medical records shall be maintained separately from my general personnel file. Genetic information will be maintained in accordance with the Genetic Information Nondiscrimination Act of 2008.

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

I understand that this authorization expires when my employment is terminated, unless otherwise noted here _____ (expiration date).

Applicant's Signature: _____ Date: _____

INFORMATION RELATED TO REQUEST FOR ACCOMMODATION

Job Description – describe in detail, the nature and responsibilities of your position with the Trenton Public Schools. The description should include, but not limited to, work hours and duties performed.

_____

_____

_____

_____

_____

_____

_____

Requested Accommodation – in detail, explain the accommodation requested. Such information must include: medical information relating to the condition and any and all reasonable accommodations needed; the reasonable time period for the required accommodation(s). Please attach any additional information related to the request. Medical information will not be shared with your supervisors absent your express consent.

_____

_____

_____

_____

_____

_____

_____

Date Request Received: _____

Determination

Employee was determined to be: _____ ELIGIBLE _____ NOT ELIGIBLE.

If an employee is initially determined not to be eligible, at the employee's request a meeting will be scheduled review this determination as part of the interactive process.

Date 504 Plan was developed and reviewed with employee: _____

TRENTON PUBLIC SCHOOLS

SECTION 504 EMPLOYEE ACCOMMODATION REQUEST FORM

MEDICAL RELEASE FORM

Date: _____

I_____hereby authorize _____
employee's name patient's physician or medical facility

to release the following information:

Medical records, narratives or summaries limited to the medical condition(s) giving rise to the request for accommodation.

I understand this information is shared on a voluntary basis and is confidential and, in accordance with HIPPA laws, is to be held as such by the recipient of this information.

This authorization is valid for 90 days unless I agree to extend same in writing and may be revoked at any time in writing prior to the expiration date.

Patient's signature_____Date _____

Social Security Number _____

Date of Birth _____

TRENTON PUBLIC SCHOOLS

SECTION 504 EMPLOYEE ACCOMMODATION REQUEST FORM

SECTION 504 EMPLOYEE ACCOMMODATION PLAN

Meeting Date: _____

Employee's Name: _____

Employee's Position: _____

Employee's Immediate Supervisor: _____

MEETING PURPOSE

☐ Initial ☐ Review ☐ Redetermination

MEETING PARTICIPANTS IN ATTENDANCE

Name	Signature	Position
Name	Signature	Position
Name	Signature	Position
Name	Signature	Position

ACCOMMODATIONS

Area of Need	*Accommodation*	*Person(s) Responsible*

NOTICE OF INTENT TO IMPLEMENT
SECTION 504 ACCOMMODATION PLAN

Date Section 504 Accommodation Plan will be implemented: _____

Location: _____

Person responsible for implementation/review: _____

Date for annual review: _____

SCHOOL DISTRICT COMMITMENT

Signature of Administrator indicates intent to implement Section 504 Accommodation Plan as written:

Dated:_____ **Administrator's Signature:** _____

EMPLOYEE AGREEMENT/DISAGREEMENT

- ⎦ **I agree with the determination above.**
- ⎦ **I disagree with the determination above.**

Dated:_____ **Employee's Signature:** _____