

**LOS ANGELES UNIFIED SCHOOL DISTRICT
REASONABLE ACCOMMODATION APPLICATION**

ATTACHMENT B

Directions: To be completed by the employee/applicant. Refer to Bulletin 4569.0 or the Reasonable Accommodation Program for guidance.

Section I – Employee/Applicant Information			
Employee/Applicant Name		Employee Number	
Home Address		Home Phone Number	
City	State	Zip Code	Work Number
Job Title	Worksite	Alternate Number	
Do you have a previous request on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Section II – Request for Accommodations
a) Describe your medical condition. Attach any pertinent medical note/report from your physician. <i>The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.</i>
b) Describe the job functions you are unable to perform due to your medical condition.
c) Describe the specific accommodations you are seeking to facilitate the performance of the essential job functions. Include alternate accommodations.

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Section III – Outcome of Interactive Process

Explain the results of your discussion with your site administrator/supervisor.

Section IV – Certification

I certify that all information contained in this application is true and correct. I understand that if I am granted an exemption and/or accommodation and it is subsequently determined that the decision was based upon material misrepresentation or falsification, I am subject to disciplinary action by the District, my request will be cancelled, and/or I will be subject to reimbursing the District for related costs.

I further understand that this application, attachments, and all medical information subsequently requested will be considered as confidential medical information and will be retained by the Los Angeles Unified School District except where released by the applicant for other use.

Print Name of Employee/Applicant

Date

Signature of Employee/Applicant

Phone Number

Email Address

Mail fax or email (1) Attachment A - Interactive Process, (2) this form (Attachment B), and (3) Medical documentation to:

Disability Coordinator
Division of Risk Management and Insurance Services
333 S. Beaudry Avenue, 28th Floor
Los Angeles, CA 90017

FAX (213) 241 – 6778
EMAIL disabilitymanagement@lausd.net

Please keep a copy for your records.