



Request for Disability Accommodation Sacramento City Unified School District – RSK – F204 A

Completion of this form is not a requirement before the District will consider your accommodation request. However, completion may help the District more quickly evaluate and/or respond to your request. Please also carefully read The Important Notice on the next page.

Employee/Applicant Name (Last)	(First)	(MI)
Home Address:	(Street)	(City) (Zip)
Home Telephone:	Work Telephone:	Cell Telephone: E-Mail:
<p>1. I am: (mark appropriate section)</p> <p><input type="checkbox"/> A job applicant who has submitted (or intends to submit) an application for the position of: Position _____ Location: _____</p> <p><input type="checkbox"/> A District Employee. My job title is: _____ Location: _____</p> <p><input type="checkbox"/> A District Employee seeking a promotion or transfer to a new position. The desired new position is: New Position: _____ Location _____</p> <p>2. The disability for which I seek accommodation is: (Please briefly describe your understanding of your disability)</p> <p>3. My disability interferes with my ability to complete the employment application or promotion process/my existing job functions because: (Please briefly describe how you believe accommodation would assist you in completing these activities)</p> <p>4. I request the following accommodation: (Please briefly describe what you would like the District to do to accommodate your disability and how the accommodation would allow you to complete the application/promotion process or your existing job functions)</p>		



Request for Disability Accommodation
Sacramento City Unified School District – RSK – F204 A

IMPORTANT NOTICE

Sacramento City Unified School District complies with all federal, state and local laws and regulations regarding the accommodation in the workplace of disabled employees and job applicants. In response to your request for accommodation, an Interactive Process has begun in which you and the District will informally exchange information and ideas that will help the District determine (a) whether you are “disabled” within the applicable laws, and, if disabled (b) whether you can complete the essential functions of application process/your current position, with or without accommodation, and (c) if accommodation is needed, the potential existence of reasonable accommodations that would not unduly burden the District.

For the Interactive Process to be successful, your personal and conscientious involvement in process is necessary. You will need to discuss your request with District representatives. You may also be requested to provide authorizations allowing the District to obtain medical and health information, including copies of medical or health records, and to speak with treating medical or health care providers. You might also be called upon to participate in examinations or reviews by health care providers or other consultants retained by the District at its expense. The District will use such information to best understand your request and determine what action the District should take in response to your request. This information will be reviewed only by District employees or its consultants directly involved in the review of your request. Upon your request, you may also review such information, which will be maintained in a separate Accommodation Request file. At your expense, you may also obtain copies of documents received by the District.

Your participation in this process is not a guarantee of employment or continued employment, nor does it alter or enlarge your rights under existing laws and/or collective bargaining agreements. The District also does not guarantee that your preferred or desired accommodation will be granted. However, failure to participate in the Interactive Process, or to assist in the gaining of needed information, may result in the District being unable to take action on your request.

At the completion of the Interactive Process, the District will provide you with its Written Determination. If you disagree with the Written Determination, or if during the Interactive Process you believe the District is not timely and in good faith acting upon your request, you may seek review of your concerns by filing a written Request for Review with the Associate Superintendent of Human Resources.

Further information regarding this process, and the District’s obligations in response to your request, can be found in Administrative Regulation 4032 which is available on request or through the District’s website. While the District strives to be responsive to issues raised by its employees and job applicants, additional information regarding your rights and obligations is also available from the Department of Fair Employment and Housing and the Equal Employment Opportunity Commission.

Dated: _____		
Print Name	Signature	
Received by: _____	Job Title _____	Date Received: _____