**MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT**



Human Resources Department and Legal Counsel

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[www.misd.k12.mi.us](http://www.misd.k12.mi.us)

**EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION**

*[This is a confidential form and will be submitted by the requesting applicant/employee directly to Human Resources. Only employees are expected to complete workplace information]*

**1. NAME**:Click here to enter text.

**2. WORK EXTENSION OR HOME TELEPHONE**:Click here to enter text.

**3. POSITION**: Click here to enter text.

**4. DEPARTMENT**:Click here to enter text.

**5. SUPERVISOR/DEPARTMENT HEAD**:Click here to enter text.

**6. NATURE OF THE QUALIFYING DISABILITY**:Click here to enter text.

**7. REQUESTED/SUGGESTED ACCOMMODATION**: (Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.)Click here to enter text.

**8. PHYSICIAN CONTACT INFORMATION (Employees only)**(Please provide name, address, telephone and fax numbers). The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations.Click here to enter text.

I authorize the release of necessary confidential medical information regarding my disability to Human Resources. I also attest to the fact that a copy of the position description has been given to me for review and reference.Click here to enter text.

**Signature:**Click here to enter text.

**Date:**Click here to enter text.

*[To signatory: In non-physician review cases, decisions regarding accommodations will be made within 10 days of the receipt of this form by Human Resources. Due to delays that may be caused in communications with physicians, no specific decision date can be provided for physician review cases.]*