



Franklin Central Supervisory Union
Request for Reasonable Accommodation

Forward to FCSU HR Dept; Attn: Benefits Coordinator

In keeping with local, state and federal laws, FCSU provides reasonable accommodations to qualified employees with disabilities. Reasonable accommodations are determined, identified and implemented in a collaborative process among the employee, supervisor and the FCSU HR Dept. Contents of this request are confidential and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation. This form will not be placed in your employment record file. All medical documentation will be kept confidential. To help initiate your request, complete this form and forward (along with your supporting medical documentation if available) to FCSU HR Dept; Attn: Benefits Coordinator, 28 Catherine Street, St. Albans, VT 05478 or fax to (802) 524-1540.

Name: _____ Job Title: _____

Location: _____ Immediate Supervisor: _____

(While your supervisor will be involved in the process, information about your medical condition will not be shared, unless authorized by you.)

Use the back of this form for more space

Please explain aspects of your employment responsibilities that are impacted by your condition and how they are impacted.

What is the medical diagnosis for which you are requesting the accommodation?

Does your condition limit any major life activity? If so, please explain which life activity/activities is/are affected.

Is your condition temporary or permanent? If temporary, please indicate the duration of the condition.

Please list the reasonable accommodation(s) that you are requesting.

How long do you anticipate the need for an accommodation?

Explain how the requested accommodation will enable you to perform the essential functions of your job.

I am requesting a reasonable accommodation. I agree to fully cooperate with the FCSU in responding to my request, including providing the appropriate medical documentation. I understand that I may not be provided with the specific accommodation that I have requested; however, I understand that good faith efforts will be made in making a determination. I verify that the above information is complete and accurate to the best of my knowledge.

Signature: _____ Today's Date: _____