



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

≈

Spring Green, Wisconsin 53588

≈

Phone: 608-588-2551

511 Exhibit

DISABILITY ACCOMMODATION REQUEST FORM

Section I: Employee / Applicant

Name: _____

Date of Request: _____

Signature: _____

My disability is (verification may be requested): _____

My disability substantially impairs my ability to perform the essential functions of the job in the following way (attach additional pages if necessary):

The accommodation I am requesting is (attach additional pages if necessary):

Section II: ADA COORDINATOR ACTION

Accommodation Request is: ___Approved ___Denied ___Modified

If request is **modified**, describe modification and provide rationale. If **denied**, provide rationale (attach additional pages if necessary):

Name of ADA Coordinator: _____

Cost of Accommodation: _____ ___Estimate ___Actual

ADA Coordinator Signature: _____

Date: _____

CROSS REF.: Policy 511 Equal Opportunity Employment