



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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

