

KING WILLIAM COUNTY PUBLIC SCHOOLS
REQUEST FOR REASONABLE ACCOMMODATION

1. Applicant's or Employee's Name: _____ ("Employee")

2. Date of request: _____

3. Accommodation(s) requested:

(Be as specific as possible, e.g. each specific task not able to perform, job limitations etc.)

4. Reason for request:

Genetic Information Nondiscrimination Act Notice

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Note to Employee: If the reason for the request does not clearly inform the School Division that you have a medical situation appropriate for accommodation, the School Division may ask for reasonable medical documentation about the situation and associated limitations. Also note that the School Division provides this form in order to determine whether a reasonable accommodation process and/or reasonable accommodation is appropriate. By providing this form, the School Division does not assume that the undersigned employee has a disability as that term is defined by law, nor does it presume that a reasonable accommodation is appropriate.

Accommodation Request Form Continued

This form is provided solely as an initial assessment tool for both the employee and the School Division. Alternatively, please be advised that the School Division may decide upon receipt of this form, and upon further discussion, or no discussion, to make a workplace adjustment without regard to whether employee has a disability as that term is defined by law.

Applicant/Employee Signature

For office use:

Date Form received: _____

By _____