



Roger León  
Superintendent

# Newark Board of Education

Where Passion Meets Progress

Office of General Counsel

Homere Breton, 504 Accommodation Officer • HBreton@nps.k12.nj.us

## Section 504 ADA Accommodation Request Form

For \_\_\_\_\_  
*Print Applicant's Name and, if applicable, Employee ID #*

### STATEMENT

Pursuant to Section 504 of the Rehabilitation Act of 1973, *et al*, the Newark Board of Education ("District"), will provide reasonable accommodations for (a) its qualified, disabled employees, provided the employees can perform the essential functions of their respective jobs, and (b) all other applicants that, by law, the District is required to accommodate. The information provided will be kept confidential and will be shared on a need to know basis only.

### INSTRUCTIONS

The individual requesting an accommodation must file this form with the District's 504 Accommodation Officer (at the address in the heading of this form), along with supporting medical documentation. The supporting medical documentation must include the following:

- (1) diagnosis; (2) prognosis; (3) anticipated length of disability;**
- (4) description of the requested accommodation; and**
- (5) the original signature of the diagnosing physician.**

The applicant may wish to submit the supporting medical documentation directly to:

Newark Board of Education  
Office of General Counsel  
765 Broad Street, 7<sup>th</sup> Floor  
Newark, New Jersey 07102  
**Attn: 504 Accommodation Officer**

**If hand-carried by the applicant, the applicant must deliver the medical documentation in a tamper-evident envelope.**

Upon receipt of the fully executed application, the accommodation request will be reviewed in a timely manner by, or on behalf of, the 504 Accommodations Committee ("504 Committee"). The 504 Accommodation Officer will notify the applicant in writing of the 504 Committee's determination. Employee-applicants are requested to continue to report to their respective location pending the 504 Committee's determination.

Section 504 ADA Accommodation Request Form

1. Applicant's Information

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_, \_\_\_\_\_  
Residence Number and Street Name Apt. #, Floor, etc.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Area Code and Number Area Code and Number

E-mail Address \_\_\_\_\_

IF APPLICANT IS A DISTRICT EMPLOYEE:

Work Location \_\_\_\_\_  
School Name, Dept., etc.

Title \_\_\_\_\_ Work Phone \_\_\_\_\_  
Area Code and Number

Supervisor \_\_\_\_\_

Do you have a permanent disability? Yes  No

Were you approved for a previous reasonable accommodation? Yes  No

2. Medical Authorization

By execution of this application, I hereby authorize the use and/or disclosure of my health information to the 504 Accommodation Officer/Committee members. This health information may be secured by the 504 Accommodation Officer from Newark Board of Education (the "District") which includes but is not limited to administrators, the department of Health Services and Employee Services for matters relating to this request for accommodation. I further authorize the District's physician and/or the 504 Accommodation Officer to communicate with my physician, care-taker, and/or the like in an effort to receive further information concerning my request for accommodation.

I understand that I have the right to revoke this authorization at any time by notifying the District's 504 Accommodation Officer in writing of the revocation.

I understand that revocation is only effective after it has been received by the District's designee(s).

I understand that any use or disclosure made prior to revocation under this authorization will not be affected by a revocation.

I understand that after this information is disclosed, it may no longer be protected by federal and/or state privacy laws and the recipient may disclose it.

I understand that I am entitled to receive a copy of this authorization.

If I am a District employee I understand that this authorization expires when my employment is terminated, or as otherwise noted below:

\_\_\_\_\_ (expiration date).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Section 504 ADA Accommodation Request Form*

**3. Job Description (if a District employee)**

Please provide a detailed description of the nature and responsibilities of your position with the District. The description must include, as a minimum, your work hours, whether you are a 10 or 12 month employee, and your duties.

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**4. Claimed Disability and Requested Accommodation**

Please explain in detail the nature of applicant’s claimed disability, and the accommodation requested. Such information must include any and all reasonable accommodations needed. Attach additional documents as necessary.

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*Section 504 ADA Accommodation Request Form for* \_\_\_\_\_  
*Printed Name of Applicant*

