



**Americans with Disabilities Act (ADA) Request for Accommodations**

The Americans with Disabilities Act of 1990 requires Detroit Public Schools (DPS) to provide reasonable accommodations only to employees with disabilities who are qualified and can perform their essential job functions, with or without accommodations. Except in limited circumstances, disability-related information must remain confidential.

I, \_\_\_\_\_ Employee ID \_\_\_\_\_ request an accommodation and understand that the ADA Health Care Provider Certification form must be completed and provided to complete the process. I have an impairment which substantially limits my ability to:

\_\_\_\_\_ walk \_\_\_\_\_ speak \_\_\_\_\_ breathe \_\_\_\_\_ lift \_\_\_\_\_ stand \_\_\_\_\_ see \_\_\_\_\_ hear \_\_\_\_\_ sit \_\_\_\_\_

\_\_\_\_\_ read \_\_\_\_\_ learn \_\_\_\_\_ bend \_\_\_\_\_ reach \_\_\_\_\_ write \_\_\_\_\_ other (specify) \_\_\_\_\_

The essential functions of my job as a \_\_\_\_\_ are:

\_\_\_\_\_

\_\_\_\_\_

Work Location \_\_\_\_\_ Telephone No. \_\_\_\_\_

I request the following accommodation(s) or equipment to perform my job or to gain access to or participate in programs, services and activities offered by DPS:

\_\_\_\_\_

\_\_\_\_\_

Education:  Less than 12 years  GED  Diploma  Undergraduate degree \_\_\_\_\_  
 Graduate or professional degree \_\_\_\_\_  Other \_\_\_\_\_

Certificates and/or endorsements \_\_\_\_\_

On medical leave: No  Yes  Anticipated return to work date \_\_\_\_\_

Are you receiving workers compensation benefits? No  Yes

Can you return to work without accommodations? No  Yes

Best number to reach you: Home \_\_\_\_\_ Cell \_\_\_\_\_

Home address \_\_\_\_\_ Apt \_\_\_\_\_

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

Employee signature \_\_\_\_\_ Date \_\_\_\_\_