



# Beaufort County School District

*Human Resources Department*

## REQUEST FOR ACCOMMODATION INSTRUCTIONS

**Employee Procedures:** In order to process and expedite your application for reasonable accommodation, the following must be submitted: (Please note the accompanying specific definitions).

1. Complete and sign an **Application for Reasonable Accommodation**.
2. If the physical disability is not visible, the employee submits medical documentation from the treating physician which identifies the disabling condition(s) and related limitations. This documentation should include:
  - a. A short narrative summary of the diagnosis, length of treatment, response to treatment and prognosis.
  - b. A description of how the disability affects performance of job duties and general life activities.
  - c. Suggested accommodations that would enable the employee to perform the essential job duties.

After completing the packet, submit it to:

Beaufort County School District  
Attn: Jennifer Staton  
Human Resources  
2900 Mink Point Blvd.  
PO Drawer 309  
Beaufort, SC 29901

A signed authorization to release medical information (to be used in the event that additional medical information is required by the District) may be requested by the Human Resources Department.

District Procedure:

Level I: The designated Human Resources Administrator will review the application, essential job functions, and medical information provided. The review may include any or all of the following items:

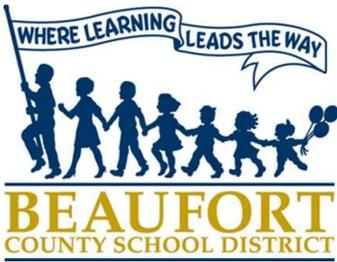
- a. Review reasons why reasonable accommodation requested at the informal level was not implemented.
- b. Request for further medical information.
- c. Job audit of essential functions.
- d. Seeking idea/options from other sources.

If not resolved at this level, the application will move to Level II

Level II: If necessary, a panel will review the request for ADA, and the steps taken thus far, (both informally and formally). After the review, the panel will make a recommendation. The panel may be comprised of the following:

- a. Site Supervisor
- b. Physician selected by the district (as appropriate)
- c. Human Resources Representative
- d. Others as deemed appropriate

The recommendation of the panel for accommodation will be final.



# Beaufort County School District

Human Resources Department

## CONFIDENTIAL APPLICATION FOR REASONABLE ACCOMMODATION

Employee: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street State Zip

Phone Number: \_\_\_\_\_  
Work Home

Work Location: \_\_\_\_\_ Position: \_\_\_\_\_

A. **STATEMENT OF DISABILITY OR MEDICAL CONDITION:** Identify your disabling condition(s):

2. Status of the disability/disabilities:  
Permanent Intermittent Temporary (Beginning date \_\_\_\_\_ Anticipated end date \_\_\_\_\_ )

3. What major life activity/activities is/are substantially limited by this disabling condition?

B. **PERFORMANCE OF JOB FUNCTIONS:** State specific job functions based upon your job description that you are unable to perform without requested accommodation.

C. **SPECIFIC ACCOMMODATION SOUGHT:** Describe options/suggestions for accommodations to assist in the performance of the essential functions of the job.

I certify that all the information contained in this application is true and correct. I understand that if I am granted an accommodation and if it is subsequently determined that the decision was based upon material misrepresentations or falsification, I am subject to disciplinary action by the District, my request will be canceled, and/or I will be subject to immediate consideration for transfer.

I further understand that this application, attachments and all medical information subsequently requested will be considered as confidential medical information and will be retained by the Beaufort County School District except where released by the applicant for other use.

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*Employee Signature*

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*Date*



# Beaufort County School District

Human Resources Department

Release of Medical Information

## INFORMATION FOR EMPLOYEES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prompted new Federal regulations which require physicians to ensure they are protecting the privacy and security of patients' medical information. The general rule regarding release of a patient's medical record is that information contained in a patient's medical record may be released to third parties only if the patient has consented to such disclosure.

### CONSENT FORM

#### SECTION 1

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

I, the undersigned, authorize my physician to release to the Beaufort County School District any medical information related to my disabling condition to be used solely for the purpose of evaluating my request for reasonable accommodation. I hereby acknowledge that I have been informed of my right to receive a copy of this authorization request. I further acknowledge that I have been informed that if the medical information contained herein is not released, my reasonable accommodation may be denied.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

#### SECTION 2

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# AMERICANS WITH DISABILITIES ACT (ADA)

## Definitions

**Who is effected:** Qualified individuals with disabilities (faculty, staff and students) are defined by the ADA as anyone with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires. This includes people with current or part physical or mental impairments that substantially limit one or more major life activities, as well as those who have a record of such an impairment or are not disabled but are regarded as such.

**Employment:** Employment practice include terms, conditions and privileges of employment such as: application, testing, hiring, assignments, evaluation, disciplinary actions, training, promotion, layoff, termination, compensation, etc.

**Reasonable accommodation:** Reasonable accommodation is any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a disability, e.g., job restructuring, modifying work schedules, acquiring or modifying equipment or devices, etc. An employer must make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless it can be shown that the accommodation would cause an undue hardship on the operation of the business.

**Essential functions:** Essential functions are the fundamental duties of the employment position the individual with a disability holds or desires. They could not be performed by another position without seriously disrupting the operations of the unit. Marginal tasks, those that could be reassigned if necessary, are specifically excluded from the definition of essential functions. The district utilizes benchmark position research for essential functions.

**Undue hardship:** An action that is excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business.

**Major life activities:** Activities that an average person can perform with little or no difficulty such as walking, speaking, seeing, hearing, working, performing manual tasks, etc.