ATTACHMENT B

LOS ANGELES UNIFIED SCHOOL DISTRICT REASONABLE ACCOMMODATION APPLICATION

Directions: To be completed by the employee/applicant if all parties could not reach an agreement or disagree with the accommodation (site administrators, managers, supervisors, and employee/applicant). If you have any questions, please refer to the Reasonable Accommodation Bulletin 4569.4 or the Reasonable Accommodation program and your Collective Bargaining Agreement for additional information.

Please send documents (Attachment A, Attachment B, and Medical documentation with work limitations and the duration) in one communication to disabilitymanagement@lausd.net or fax to (213) 241-6778.

The District does not require the employee/applicant's diagnosis, only work limitations and duration. Please retain a copy for your records.

Section I – Employee/Applicant Information				
Name of Employee/Applicant			Employee/Applicant Number	
Home Address			Home Phone Number	
City	State	Zip Code	Work Number	
Job Title	Worksite	Region	Email Address	
Do you have a previous reasonable accommodation request on file?			Yes No	

Section II – Request for Accommodations

a) Please describe your medical condition and the reason(s) why you are requesting accommodation. You need to include a description of the essential functions of your job that you are currently unable to perform and explain how the requested accommodation(s) will enable you to perform those essential functions of your job. 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 employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

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b) Please describe the essential job function you are unable to perform due to your symptoms or medical condition. (Review your class description.)				
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c) Please describe the accommodation(s) you are requesting. If there is	more than one accommodation you believe			
will meet your needs, please describe all possible accommodations. Include any alternative accommodations.				
d) For how long the requested accommodation(s) will be needed. (Dur	ration of the accommodation)			
a) I of now long the requested accommodation(s) will be needed (2 as	canon of the accommoduly			
a) Is vising limitation.	D. Amticipated management data (if conv)			
e) Is your limitation:	f) Anticipated recovery date (if any):			
Permanent Temporary Unknown				
g) Is the above-described disability the subject of a workers' compensation claim? (Employees/applicants with work-related injuries may also be eligible for a reasonable accommodation independent of the workers'				
compensation process.)	•			
YES NO If yes, date filed:				
h) Have you requested FMLA, CFRA, PDL, or other leave in connection with the above-described disability?				
YES NO If yes, please specify what you requested and when:				

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Section III – Outcome of Interactive Process With Your Administrator, Manager, or Supervisor			
Please explain the results of your interactive process discussion with your administra	ator, manager, or supervisor.		
Section IV – Certification			
I certify that all information contained in this application is true and correct. I understand that if I am granted an exemption and/or accommodation and it is subsequently determined that the decision was based upon material misrepresentation or falsification, I am subject to disciplinary action by the District, my request will be canceled, and/or I will be subject to reimbursing the District for related costs.			
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 Los Angeles Unified School District except where released by the applicant for other use.			
Print Name of Employee/Applicant	Date		
Signature of Employee/Applicant	Phone Number		