



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
REASONABLE ACCOMMODATION APPLICATION**

**ATTACHMENT B**

b) Please describe the essential job function you are unable to perform due to your symptoms or medical condition. (Review your class description.)

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. (Duration of the accommodation.)

e) Is your limitation:

Permanent      Temporary      Unknown

f) Anticipated recovery date (if any):

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 administrator, 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