



# Employee Application for Accommodation



Employee Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Location/Job Title: \_\_\_\_\_

What is the diagnosis of the condition causing you to request an accommodation?

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In what way does this condition affect your ability to perform the essential functions of your job?

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What possible accommodations would you suggest that would enable you to perform the essential functions of your job?

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I authorize my treating provider to communicate with and provide information to Portland Public Schools for the purpose of determining a reasonable accommodation to enable me to perform the essential functions of my job. I understand that I will still be held accountable for complying with all of Portland Public School's policies and performance expectations as they relate to my job.

Employee Signature: \_\_\_\_\_

**Return this form as soon as possible. Your supervisor and Human Resources will schedule an appointment with you after the additional medical provider verification form is also received in the Human Resources department.**

Fax: 503-916-3107

Please return this form to: Portland Public Schools  
Human Resources  
PO Box 3107  
Portland, OR 97208-3107