



**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

***Human Resources and Employee Relations***

799 Bill Beck Boulevard • Kissimmee • Florida 34744-4492

Phone: 407-870-4800 • Fax: 407-870-4086 • www.osceolaschools.net

**ADA - WORKPLACE ACCOMMODATION REQUEST FORM**

Complete this form and FAX to 407-870-4086 in Human Resources

**Employee's Name:** \_\_\_\_\_

**Employee's ID No. and Position:** \_\_\_\_\_

**Employee's Phone No.:** \_\_\_\_\_

What is your condition/limitation and how does it affect your ability to perform the essential functions of your job?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Workplace accommodation(s) requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your physician's names and telephone numbers who have information concerning your disability and your need for reasonable accommodation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the above listed health care providers and any others who have treated me to release to The School District of Osceola County, FL any information concerning the disability disclosed herein and provide any opinions to them concerning my ability to perform essential job-related functions with or without reasonable accommodations. I also release the above listed physicians to speak with the school district personnel directly regarding my condition and limitations. I certify that the foregoing statements are complete, accurate, and true to the best of my knowledge, and I understand that The School District of Osceola County, FL may require me to undergo testing or evaluation by medical personnel retained by the Board for the purpose of establishing the existence and extent of my disability to perform essential job-related functions with or without reasonable accommodations.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Student Achievement – Our Number One Priority***  
Districtwide Accreditation by the AdvancED Accreditation Commission  
An Equal Opportunity Agency