

HAZLET TOWNSHIP PUBLIC SCHOOLS



421 Middle Road • Hazlet, NJ 07730 • www.hazlet.org • Phone: (732) 264-8401 ext. 1101 • Fax: (732) 264-3478

Request for Accommodation

EMPLOYEE NAME: _____ **DATE:** _____

LOCATION: _____ **GRADE/SUBJECT:** _____

_____ I am seeking accommodations for my own health condition as a result of: (a) guidance from my healthcare provider; (b) a federal, state, or local public health authority order to quarantine; (c) or I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis. (Please complete 1-5 below).

_____ I am seeking accommodations for non-COVID-19 related reasons. (Please complete 1-5 below)

1. Please list the job function that you are having difficulty performing:

2. How does your disability affect the essential functions of your job?

3. Please have your medical professional suggest an accommodation, if applicable, and explain how it will assist you. (To be completed by Physician)

4. Length of Accommodation

START DATE	END DATE

5. Attach supporting medical documentation

Employees' Signature

Date