



WINDHAM SCHOOL DISTRICT

Schools in the Texas Department of Criminal Justice

Debbie Roberts
Superintendent

Dear Applicant:

Enclosed is a packet to assist you in applying for a workplace accommodation based upon your impairment. You must be a qualified individual with a disability and be able to perform the essential functions of your position with or without an accommodation to be eligible for workplace accommodation. If you identify a physical or mental impairment that limits your ability to perform one or more of the essential functions of your job, the District, under the Americans with Disabilities Act (ADA), will attempt to reasonably accommodate you. If it is determined that you are unable to perform the essential functions of your job, you may be relieved of duty while a workplace accommodation is being sought. A reasonable workplace accommodation is any modification or adjustment that will enable you to perform your essential job functions. A workplace accommodation may take the form of restructuring the job, providing specialized equipment, making the workplace accessible, or reassignment to a vacant position for which you meet the minimum qualifications.

When it has been determined that you are a qualified applicant with a disability, the Windham School District Human Resources Department will search for a reasonable workplace accommodation for a period of up to 90 days. This 90-day period begins the day the Human Resources Department determines that you are a qualified applicant with a disability. If the District determines that a reasonable workplace accommodation has been offered and refused, the application will be administratively closed prior to the end of the 90-day period.

The attached packet includes:

1. *Request For A Reasonable Workplace Accommodation Due To a Disability*: The Accommodation process will not be initiated until this form is completed in its entirety and all other forms have been submitted. However, upon the determination being made that you are a qualified applicant, the 90-day period begins.

2. Medical Information Form: A doctor's statement is required. This questionnaire must be completed by your doctor. The statement must include the diagnosis, prognosis and list all limitations and/or restrictions. Additionally, ADA requires that the doctor inform the employer whether the impairment is temporary or permanent. If it is a temporary condition, the statement should include the extent, duration or long term effects of the impairment. This statement must accompany the request for an accommodation.
3. Work History Section: The Work History Application will be used as a resume when searching for an alternative position. All positions have minimum qualifications which have to be met before an administrative reassignment can be made. The employment application will be used to verify these qualifications. Please complete the application listing all skills, abilities, experience and education. Be as detailed as possible when describing previous experience.
4. Authorization For Release of Medical Information: Should it become necessary to contact your physician for additional information or clarification of information, it is required that this form be on file.

Submitting a request for accommodation does not prohibit you from applying for other positions. All employees, including those with impairments, as long as they can perform the essential functions, are encouraged to apply for positions of higher pay for which they are qualified, with or without a reasonable accommodation.

Any portion(s) of the enclosed packet that has heretofore been completed (e.g., *Request for a Reasonable Workplace Accommodation Due To A Disability form*) will not need to be duplicated. If you have any questions, you may contact the ADA Coordinator in the Human Resources Department at (936) 291-5321.

When you have completed the above items, please mail all attached forms to:

Windham School District
Human Resources Department
P O Box 40
Huntsville, TX 77342-0040

Sincerely,

Veronica Casanova
Director of Human Resources

WINDHAM SCHOOL DISTRICT

Request For A Reasonable Workplace Accommodation
Due To A Disability

FOR DISTRICT USE ONLY
Request Number _____

Print Name: _____ Social Security No: _____

Job Title _____ Unit/Department: _____

1. If no position at your current salary for which you are qualified becomes available within the 90-day search period, you may request to be placed in a lower salary. Please indicate the lowest salary that you are willing to accept. No offer will be extended for a position below the salary indicated. You will not be considered for a higher salary once you have accepted any position at this salary or above. Lowest salary you will accept: _____.

2. State your geographic preferences, indicating all units or areas where you are willing to work and/or relocate:

3. Describe the essential functions of your job that you are unable to perform without special workplace accommodations:

4. Describe the physical/mental limitation (s) that prevents you from performing the essential function(s) of your current job:

5. Describe the workplace accommodation(s) requested that would permit you to perform the essential functions of your current job:

Signature: _____ Date: _____

Phone Number, with Area code: _____
(Area code) HOME (Area Code) WORK

Mailing Address: _____
STREET CITY STATE ZIP

WINDHAM SCHOOL DISTRICT
Human Resources Department
P.O. Box 40
Huntsville, TX 77342-0040

WINDHAM SCHOOL DISTRICT

Authorization For Release
Of Medical Information

(Patient) Employee's Full Name: _____

Social Security Number: _____

To Whom It May Concern:

You are hereby expressly authorized to release and furnish to the Windham School District Human Resources Department, and/or any associate, assistant, representative, agent, or employee thereof, any and all desired information, (including, but not limited to, office records, medical reports, memos, hospital records, laboratory reports, including results of any and all tests including alcohol and/or drug tests, X-rays, X-ray reports, including copies thereof) pertaining to the physical and/or mental condition (past, present, and/or future) of myself.

Photostatic copies of this signed authorization will be considered valid.

This is not a release of claims for damages.

Employee's Signature: _____ Date: _____

Please sign the above medical authorization and return it so that we may secure release of your medical records.

Thank you,

ADA Coordinator
Windham School District

WINDHAM SCHOOL DISTRICT

MEDICAL INFORMATION FORM

Please return this information to the ADA Coordinator at Fax 936-291-4622 or address to Windham School District, Human Resources Department, P. O. Box 40, Huntsville, Texas 77342-0040.

Your Patient _____, SSN: _____ has applied for a workplace accommodation under the Americans with Disabilities Act. Attached is a copy of the job description and/or the physical/mental characteristics. Please provide the following requested information based on those essential functions and characteristics or your medical/psychological evaluation.

Diagnosis: _____

When was the patient first diagnosed with this condition? _____

When did you first treat the patient for this condition? _____

Prognosis: _____

Limitations/Restrictions: _____

Is this condition permanent or temporary? _____

If temporary, please state the extent, duration or long term effects of the disability. _____

Date

Doctor's Signature

Telephone Number

Doctor's Printed Name

Fax Number

Street Address

City, State, Zip

**REQUEST FOR A REASONABLE WORKPLACE ACCOMMODATION
DUE TO A DISABILITY**

WORK HISTORY SECTION

NAME _____ Social Security No. _____ - _____ - _____
(Last) (First) (Middle)

Are you willing to work hours other than 8-5? Yes No

Are you willing to work on Saturday? Yes No Are you willing to work on Sundays? Yes No

Are you willing to travel? Yes No If yes, what percent of time? _____

Driver's License(if required for this position) _____ Class A Class B Class C Class M
Class A Commercial Class B Commercial
Class C Commercial Class M Commercial

Geographic preference. (Be specific to city/area. If no preference, write "Statewide".) _____

Error! Bookmark not defined.Type of School	Name and Location of School	Dates Attended				Sem/Clock Hours completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
		From		To			Ye s	No			
		Mo	Yr	Mo	Yr						
Undergraduate Colleges or Universities											
Graduate Schools											
Technical, Vocational, or Business Schools											

LIST ANY LICENSES OR CERTIFICATES THAT YOU HOLD

LICENSE/CERTIFICATION	Date Issued	Issued by State (or other authority)	License No.	Location of Issuing Authority (city&state)

List any Special Skills or Qualifications: List all special skills you possess and machine or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc. _____

Approximate Words Per Minute In Typing _____ Documented typing score _____