



CANBY
SCHOOL DISTRICT

Employee Request for Accommodation

Employee Name (Printed): _____ Date: _____

Location/Job Title: _____

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

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

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

I authorize my treating provider to communicate with and provide information to Canby School District 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 Canby School District 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.

Please return this form to:

Canby School District
Human Resources
1130 S. Ivy Street
Canby, OR 97013

Fax: 503-266-0024