



PENNRIDGE SCHOOL DISTRICT

Perkasie, Pennsylvania 18944-2295

Tara Mossman
Director of Human Resources

EMPLOYEE REQUEST FOR ACCOMMODATIONS ON THE BASIS OF MEDICAL IMPAIRMENT

Complete all sections of this document and return it along with the completed healthcare Provider's Certification of Medical Impairment form to Human Resources Department of the Penridge School District.

I, _____, wish to request accommodations on the basis of a medical impairment.

My medical condition(s) is (are) _____.

As a result of this/these medical condition(s), I am limited in my ability to _____.

The accommodation(s) that I am requesting is (are): _____.

The expected duration of the need for the accommodation is: _____.

By affixing my signature below, I authorize the Penridge School District to confer with my healthcare provider and obtain medical records relative to the diagnosed conditions that have given rise to the filing of this request for accommodations.

Name of Healthcare Provider	Healthcare Provider's Address	Healthcare Provider's Telephone Number:	Healthcare Provider's Fax Number

Employee's Signature Date

Employee # Position Work Location

For Office Use Only
Date Received: _____