

Brevard County Public Schools

Workplace Accommodation Request Form

Return this form and all additional physician notes or supporting documentations to:
Human Resources and Labor Relations, 2700 Judge Fran Jamieson Way, Melbourne, Florida 32940
Fax: (321) 636-3280 ♦ Phone: (321) 631-1911 ext. 265

This Section to be Completed by Employee

Employee: _____

Date of Request: ____/____/____

Title: _____

Location: _____

Condition/limitation: _____

How does this condition/limitation affect your ability to perform the essential functions of your job?

Workplace accommodation(s) requested: _____

Identify the names, addresses, and phone number of physicians, therapists, psychologists, or other health care providers who have information or documentation concerning your disability, illness, condition, or disease or your need for a reasonable accommodation:

Should Brevard County Public Schools require further supporting medical documentation, I hereby authorize the above-listed health care providers and any others who have treated me to release to Brevard County Public Schools 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 certify that the foregoing statements are complete, accurate, and true to the best of my knowledge, and I understand that Brevard County Public Schools may require me to undergo testing or evaluation by medical personnel retained by Brevard County Public Schools 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: _____

This Section Completed by the District Personnel office

Approved Not Approved Approved with modifications: _____

Signature: _____

Date: ____/____/____

Staff Notified on: ____/____/____