



**BOLTON PUBLIC SCHOOLS**  
**SECTION 504/ADA EMPLOYEE REQUEST**  
**FOR ACCOMODATIONS**

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1. Name of Employee: \_\_\_\_\_

Title/Position: \_\_\_\_\_

2. Eligibility Determination:

Individuals considered eligible for protection from discrimination under Section 504/ADA are those who have a physical or mental impairment that substantially limits a major life activity.

A. Please describe your mental or physical disability:

\_\_\_\_\_

B. Please describe the major life activity substantially limited by your disability:

\_\_\_\_\_

C. Please describe how your disability affects your ability to perform essential job functions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Please describe the specific accommodation(s) being requested:

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E. Have you attached medical documentation to support your request?

Yes No

F. If “no”, please provide the name and contact information for your treating physician:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. # \_\_\_\_\_

4. Authorization to Communicate with Medical Provider

I hereby authorize my employer, the Bolton Public Schools to obtain, and for the medical provider listed above, to release confidential protected health information to the Bolton Public Schools Director of Human Resources and/or Designee for the limited purpose of determining any work related restrictions and/or accommodations which may be necessary in order to fulfill the essential function of my employment responsibilities. Any information received by my employer pursuant to this authorization shall be subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**ONCE COMPLETED, THIS FORM, ALONG WITH SUPPORTING DOCUMENTATION SHOULD BE FORWARDED TO:**

[Beth Goldsnider](#):

Human Resource Director  
Bolton Public Schools  
72 Brandy St.  
Bolton, CT 06043  
Phone: 860-643-1569  
Fax: 860-647-8452