

Request for Documentation/Verification of Disability Model Letter

Dear _____:

The purpose of this letter is to acknowledge your request for accommodation regarding your position as _____. Pursuant to the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA), employers are prohibited from discriminating against individuals with disabilities and must provide reasonable accommodations where applicable.

Be assured the district will consider your request carefully and will meet with you to discuss options and decisions. However, before your request can be processed, you will need to submit documentation/verification of your disability and its applicability to the ADA/FEHA. To accomplish this, please complete the enclosed accommodation package and return to me as soon as possible. Please be as specific as possible on the application as this will aid the district in making a placement decision. Also, your completed application must include a letter or statement from your physician pursuant to Section C of the application. The physician's letter should specifically outline the following:

1. The nature of the disability/impairment.
2. Whether the disability/impairment limits (extent, duration, impact) a major life activity and if so, in what way. Specific limitations must be outlined.
3. Verification that the proposed accommodation is appropriate.

Once the district is in receipt of this information, your request will be processed. If you have any questions, please contact me at _____.