

FILE GBA-E2 Procedures for 504 Accommodations

- » Requests must be in writing and on the appropriate form.
- » Documentation must be attached to support the request (physician's statements, etc.)
- » Once a request is received, a review committee will convene and render a response within ten (10) working days.
- » Appeals can be addressed to the superintendent or his designee.
- » Approved requests will be reviewed once every three (3) years.

Accommodation Request Form

Date _____ **Submitted:**
Name _____ **of** _____ **Employee** _____ **or** _____ **Applicant:**

The request for accommodation is to allow: _____

- Performance of an essential function of job.
- Completion of the application process.

Summary of Disability Leading to Request: _____

Description of Accommodation(s) Requested: _____

Signature of Employee (or Applicant) **Date**

Richland County School District One