



SADDLE BROOK SCHOOL DISTRICT

355 Mayhill Street, Saddle Brook, New Jersey 07663 Phone 201.843.1142 Fax 201.843.0216

504 Employee Request:

The Saddle Brook Public School District pursuant to Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, ADA/New Freedom of Initiatives, Title VII of the Civil Rights Act of 1964 amended by the Equal Opportunity Commission and Title I of the ADA will, in good faith, provide reasonable accommodations for its qualified employees. The District may require additional information in order to consider when to provide a reasonable accommodation and when to be interactive with certain parties in an effort to determine what, if any, accommodations should be provided. The District will regard the dissemination of information in order to make determination regarding accommodations on a “need to know basis”. In addition, the District will act in a timely manner on such requests for accommodation. It should be noted information submitted is kept in confidence.

Instructions:

The Saddle Brook Public School District employee requesting accommodation(s) as a result of a medical condition must file the Section 504 Accommodation Request Form and submit this with the supporting documentation to the Human Resources office for review and consideration. Please note that Section I, Applicant’s Information, must be signed by the applicant’s supervisor. The applicant must submit the request, supported with the necessary medical documentation that includes: diagnosis, prognosis, time period in which the Applicant seeks accommodations, and a detailed description of the accommodation being requested.

To protect the applicant’s privacy rights, please send the application and supporting documents directly to Mrs. Danielle Shanley, Superintendent of Schools; Saddle Brook Public District; 355 Mayhill Street; Saddle Brook, NJ 07663. The applicant may also scan and email the completed 504 Application to Danielle Shanley at dshanley@sbpsnj.org. Upon receipt and acknowledgement of the completed request, the application will be reviewed as to whether the request is “reasonable” and “feasible.” Please be advised that the District reserves the right to consult the school physician in order to make a more informed decision. Upon such determination, we will notify all interested parties of its determination in a timely manner. Please complete the attached application, print it, sign where indicated, and return it along with all documentation to the above address.

SADDLE BROOK PUBLIC SCHOOLS

Physician Certification for Employee Disability Accommodation

Print Employee Name (Last, First, Middle)

Examination Date

Print Physician Name

New Jersey License Number

I certify that the above named patient is permanently / temporarily disabled and
(circle one)
may / may not require an accommodation.
(circle one)

Please Check and Complete One of the Following Three Options

I examined the above named patient on ____ / ____ / ____ and certify that
mm dd yyyy
the patient has the following permanent / temporary functional limitation(s):
(circle one)

I examined the above named patient on ____ / ____ / ____ and I am unable to
mm dd yyyy
to make a determination without further examination. The patient is scheduled for a
follow-up examination on ____ / ____ / ____ with _____
mm dd yyyy

I examined the above named patient on ____ / ____ / ____ and have not found
mm dd yyyy
limitations at this time. This patient may return to regular duty without restrictions on:
____ / ____ / ____
mm dd yyyy

Physician Comments: _____

Physician Street Address Suite #

City State Zip

() _____
Phone Number

Medical Specialty

Physician's Signature

____ / ____ / ____
mm dd yyyy