



School District of Menomonee Falls
Administrative Offices

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION	
Employee's Name	Employee's Telephone No.
Date of Request	Employee's Location
<p>2. TYPE OF ACCOMMODATION REQUESTED, IF KNOWN. (Be as specific as possible, e.g., assistive technology, reader, interpreter, schedule change)</p> 	
<p>3. REASON FOR REQUEST.</p> <p>If accommodation is time sensitive, please explain:</p> 	
<p>Please return form to Melisa Beck, HR Benefits Manager beckmel@sdmfschools.org (262) 255-8396</p>	
<p>Privacy Act Statement:</p> <p>The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.</p>	