

Portales Municipal Schools

501 S. Abilene

Portales, NM 88130

Phone: 575.356.7000 Fax: 575.356.4377

www.portaleschools.com



Board of Education
Dr. Alan W. Garrett President
Randy Rankin Vice President
Rod Savage Secretary
Antonio R. Sanchez, Jr. Member
Inez Rodriguez Member

Administration
Johnnie S. Cain Superintendent
Henry Montañio Assistant Superintendent
Rick Segovia Director of Federal Programs
Cheryl Aguilar Director of Special Student Services
Sarah Stubbs Director of Finance
Shaunna Smith Director of Student Nutrition
Nat Gomez Director of Maintenance

This form is to be used where an employee has a physical or mental impairment that interferes with his or her ability to perform essential job functions, or which poses a direct threat to the health or safety of the employee or others. A communicable or other infectious disease may constitute a direct threat.

Requesting an Accommodation

This request must be initiated by an employee who has a medical condition that interferes with his or her ability to perform essential job functions, or which poses a direct threat to the health or safety of the employee or others. This includes an underlying medical condition whose performance of his or her job could put an employee's health at risk. Requests for accommodations because of an employee's condition will be evaluated in accordance with the Americans with Disabilities Act (ADA) and Policy G-1400 GBGCA. The request must be accompanied by a completed Medical Certification or recommendation signed by the employee's medical provider. The Medical Certification form can be found on the district website under Personnel.

Please note: If a request for a different assignment is being made due to the health condition of a household member, supporting medical documentation will be required and that request will not be analyzed as a requested for accommodations under the Americans with Disabilities Act (ADA). Also, an employee seeking accommodations due to generalized fear of exposure to will not be considered under this document and relevant policy.

Please fill in the blanks below and sign/date. Forward this page to the Personnel Coordinator. After receiving your request, and the proper documentation, a meeting will be arranged to discuss your eligibility for reasonable accommodations.

Requesting Employee Information

Employee name: Last: _____ First: _____ Middle: _____

School/Department: _____ Supervisor: _____

Employee Job Title: _____

Reason for Requested Accommodation: _____

Requestor signature _____

Date _____