



Iowa City Community School District

Educational Services Center

1725 North Dodge Street • Iowa City, IA 52245 • (319) 688-1000 • Fax (319) 688-1009 • www.iowacityschools.org

Matthew Degner
Interim Superintendent
of Schools

Amy Kortemeyer
Assistant Superintendent

R Chace Ramey
Chief Operating Officer

Date:

Employee's Name:

Phone:

Email:

Job title:

Department:

Supervisor's name:

Describe the nature, extent and duration of your disability:

Click or tap here to enter text.

Describe the accommodations you believe are needed to enable you to perform the essential functions of this job:

Health Care Provider's Name:

Health Care Provider's address:

Health Care Provider's telephone:

The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I, _____ authorize the release of information regarding my disability to Iowa City Community School District as deemed necessary by human resources to facilitate this request for accommodation.

Employee signature:

Date: