

CPS WORKPLACE ACCOMMODATION REQUEST FORM (NON-DISABILITY)

Employee Form

- **Purpose:** CPS employees should complete this form in order to seek a workplace accommodation that is not due to a disability. Reasonable workplace accommodations due to a disability under the Americans with Disabilities Act (ADA) should be submitted on the ADA Forms, available at ADA@cps.edu.
- **Process:** First, review your job description (usually available at HR4U), complete this form, and submit it to ADA@cps.edu (or follow the DocuSign protocol) for the most efficient processing. If you send the form to ADA@cps.edu, the email title should read ‘Workplace Accommodation Request.’ Second, an Investigator will contact you to set up a call with you. The Investigator may also contact your supervisor. Finally, you will receive a written response from the ADA Office regarding your request.
- **Note:** You can also explore leave options by visiting HR4U at HR4U>Self Service>Benefits>Leave Selector.

Personal Contact Information

Name: _____ Employee ID#: _____

Mailing Address: _____ Apt./Unit # _____

City _____ State _____ Zip Code _____

Preferred Phone or TTY/TDD Number: #: ____ (____) _____

CPS Email _____ (Please monitor CPS email)

Employment Information

School Name/Work Site: _____

Supervisor Name: _____

Supervisor’s CPS Email/Phone: _____

Teacher (Subject): _____ (Grade): _____

CPS Employee (Title/Department) _____

Please provide details about the essential functions of your job (you may attach or refer to your job description).



Are you seeking a workplace accommodation that is not related to a disability or your own disability? (For example, are you seeking an accommodation due to living with or caring for a relative at high risk for COVID, or due to general apprehension about COVID, etc.).

YES | NO

If yes, what accommodation are you seeking and why? (Please be specific, and if possible, provide alternative accommodations in case one request is not feasible).

Are you seeking to telework? Please describe your proposed telework accommodation.

YES | NO

CERTIFICATION

I, _____, certify under penalties of perjury that all of the information and answers in this Workplace Accommodation Form – Non-Disability Related are true and accurate.

Signature

Date

Email or Fax this form to:

The Americans with Disabilities Act Compliance Office, Talent (ADA Office)

EMAIL: ADA@CPS.EDU

FAX: (773) 553-1091

TELEPHONE: (773) 553-1013, Option 2

Note: Additional options for submitting this form, including Docusign, are available upon request.