



ROCK HILL SCHOOL DISTRICT THREE OF YORK COUNTY

**Personnel Department
P.O. Box Drawer 10072
Rock Hill, SC 29731
(803) 981-1024 (Phone)
(803) 981-1025 (Fax)**

ADA Reasonable Accommodation Physician's Confirmation

Regarding:

Name of Employee

Employee Work Location

Name of Patient/Relationship to Employee

I hereby certify that the above named employee (or employee's spouse or child) has been under my care for treatment of _____

Physician: Please include below a detailed description of the nature of the condition for which you are treating this patient to explain why this condition is disabling and requires a reasonable accommodation under the qualifications of ADA. Please include suggested accommodations. If additional space is needed, please attach it to this form.

Signature of Attending Physician

Date

Please return to:

Personnel Office
Rock Hill Schools
PO Box Drawer 10072
Rock Hill, SC 29731

***All information provided will be used for the purpose to evaluate employee's request for reasonable accommodations.**