ELEMENTARY SCHOOL DISTRICT NO. 170

SAM J. MELE ADMINISTRATION CENTER
30 West 16th Street
Chicago Heights, Illinois 60411-3412
708-756-4165 FAX 708-755-3536

ADMINISTRATION
THOMAS J. AMADIO
Superintendent
DR. MARICELA CLARK
Assistant Superintendent
Curriculum and Instruction
DR. GRETCHEN SUTHERLAND
Assistant Superintendent
Teaching and Learning
JILL RAYMOND
Assistant Superintendent
Special Education
CHRISTOPHER BAIKAUSKAS
Assistant Director
Special Education
JOSEPH BARKER
Assistant Superintendent
CSBO
CASSANDRA EVERETT
Director of Human Resources

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ERRICK STRINGFELLOW
Member

NAME _____ DATE _____

PHONE NUMBER _____

EMAIL _____

POSITION _____

SCHOOL/DEPARTMENT _____

PRINCIPAL/SUPERVISOR/DEPARTMENT HEAD _____

NATURE OF THE QUALIFYING DISABILITY (Please describe the nature, extent, and duration of your disability.)

REQUESTED/SUGGESTED ACCOMMODATION (Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.)

PHYSICIAN CONTACT INFORMATION (Employees only) (Please provide name, address, telephone and fax numbers. The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations.)

☐ I have attached medical documentation from a licensed physician

I authorize the release of necessary confidential medical information regarding my disability to the Human Resources Department. I also attest to the fact that a copy of the position description has been given to me for review and reference.

Signature _____ Date _____