



164 Orange Avenue| Irvington, NJ, 07111

Edward Wilson, Ed.D.| IBOE 504 OFFICER

2025-2026 SCHOOL YEAR

July 1, 2025- June 30, 2026

ADA/NJLAD 504 EMPLOYEE ACCOMMODATION REQUEST:

The Irvington Public Schools pursuant to Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, ADA/New Freedom of Initiatives, Title VII of the Civil Rights Act of 1964 amended by the Equal Opportunity Commission and Title I of the ADA will, in good faith, provide reasonable accommodations for its qualified employees. The District may require additional information in order to consider when to provide a reasonable accommodation and when to be interactive with certain parties in an effort to determine what, if any, accommodations should be provided. The District will regard the dissemination of information in order to make determination regarding accommodations on a “need to know basis”. In addition, the District will act in a timely manner on such requests for accommodation. It should be noted information submitted is kept in confidence.

INSTRUCTIONS:

The Irvington Public Schools employee requesting accommodation as a result of a medical condition must file this ADA/NJLAD 504 Accommodation Request Form and submit supporting medical documentation to the Irvington Public Schools ADA/NJLAD 504 Accommodation Committee for review

and consideration. The applicant must submit the request, supported with the necessary medical documentation that includes: diagnosis, prognosis, time period in which the applicant seeks an accommodation, and a detailed description of the accommodation being requested.

To protect the applicant's privacy rights, the Committee respectfully requests that the supporting medical documentation be submitted directly to the Irvington Public Schools Human Resources Benefits Manager, Kimberly Mangum-Ross, 1 University Place, Irvington, New Jersey 07111. Upon receipt and acknowledgement of the fully executed request, the Committee will review the Request in an effort to make a determination as to whether the requested accommodation is "reasonable" and "feasible". Upon such determination, the Committee will notify all interested parties of its determination in a timely manner. Please complete the attached application. Print clearly where applicable.

After submitting this form and supporting medical documentation, the applicant must provide, in writing, his/her availability for a meeting to discuss this request to the District ADA/NJLAD 504 Officer, Dr. Edward Wilson. At the time of this meeting, the applicant must bring a union or legal representative or provide, in writing, why he/she has elected to represent him/herself.

Irvington Public Schools: ADA/NJLAD 504 EMPLOYEE ACCOMMODATION REQUEST FORM | 2024-25



SECTION 1:

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Department/School: _____ Title: _____

Location: _____ Phone: _____

Applicant's Signature: _____

Date: _____

*All information in **Section 1** must be completed and signed prior to submission otherwise applications will be deemed incomplete and will be returned.*

SECTION 2:

By way of execution of this Confirmation of Accommodation Request Form, I hereby authorize the use/or disclosure of my health information to the members of the Irvington Public Schools ADA/NJLAD 504 Accommodation Committee and will submit all documentation within 90 days. I understand that I have the right to revoke this authorization at any time by notifying the District in writing of the revocation to the attention of **Dr. Edward Wilson, Irvington Public School's ADA/NJLAD 504 Officer, 164 Orange Avenue, Irvington, New Jersey, 07111.**

I understand that revocation is only effective after it is received and recorded by the District.

I understand that after this information is disclosed, it may no longer be protected by federal and/or state privacy laws and the recipient may disclose it.

I understand that I am entitled to receive a copy of this authorization.

I understand that this authorization expires when my employment is terminated, unless otherwise noted here _____ (expiration date).

Applicant's Signature: _____ **Date:** _____

Print Name: _____

Irvington Public Schools: ADA/NJLAD 504 EMPLOYEE ACCOMMODATION REQUEST FORM | 2024-25



SECTION 3:

Job Description – describe, in detail, the nature and responsibilities of your position with the Irvington Public Schools. The description should include, but not limited to, work hours, 10-12 month employment, and duties performed.

SECTION 4:

Requested Accommodation(s) - In detail, explain the accommodation requested. Such information must include: any and all reasonable accommodations needed; the reasonable time period for the required accommodation(s). (Attach any additional information).

SECTION 5:

Please list name and title of individuals that you submitted this application to:

NAME	TITLE	DATE
------	-------	------

Irvington Public Schools: ADA/NJLAD 504 EMPLOYEE ACCOMMODATION REQUEST FORM | 2024-25



SECTION 6: ADA/NJLAD 504 COMMITTEE ONLY

Date Request Received by ADA/NJLAD 504 Officer: _____

Reviewed by ADA/NJLAD 504 Accommodation Committee: _____

SECTION 7: DECISION OF ADA/NJLAD 504 ACCOMMODATION COMMITTEE

ADA/NJLAD 504 Committee Meeting Date: _____

Employee was determined: _____ ELIGIBLE _____ NOT ELIGIBLE

Date 504 Response (attached) was reviewed and sent to employee: _____

Submit completed form to:

Dr. Edward Wilson, Irvington Public School's ADA/NJLAD 504 Officer

email: edwilson@irvington.k12.nj.us

164 Orange Avenue, Irvington, New Jersey, 07111

Irvington Public Schools: ADA/NJLAD 504 EMPLOYEE ACCOMMODATION REQUEST FORM | 2024-25



IRVINGTON PUBLIC SCHOOLS

MEDICAL RELEASE FORM

Date: _____

I, _____ hereby authorize

Employee Name

Patient's Physician or Medical Facility

to release the following information:

[] All Medical Records or [] _____

I understand this information is confidential and, in accordance with HIPPA laws, is to be held as such by the recipient of this information.

I understand that this authorization may be revoked at any time, in writing.

Patient's Signature

Date

Date of Birth: _____

