## SCHOOL DISTRICT OF OSCEOLA COUNTY SERVICE ANIMAL ACCOMMODATION REQUEST

EMPLOYEE / CONTRACTOR INFORMATION	
Individual's Name:	
Personnel ID Number:	
Position:	
Department / School:	
Supervisor	
	JIRED INFORMATION
1. Is the service animal required to ass	-
	nimal been trained to perform? [explain]
3. Is the service animal capable of peri appropriately on SDOC property and	
4. Dog's Name:	
5. Dog's Breed:	
6. Dog's Size (Weight):	
Employee/Contractor handling animals ("Handler") must comport with SDOC School Board Policy 3.48 – Service Animals. It is the Handler's responsibility to review and follow the entire policy.	
SCHOOL BOARD	POLICY 3.48 – SERVICE ANIMALS
<ul> <li>animal while on SDOC property.</li> <li>Service animals shall be under the Ha unless either the Handler is unable be the use of a harness, leash, or tether performance of work or tasks.</li> <li>Service animals shall not interfere with health or safety threat to any student, standards of behavior set forth in SDO the school setting.</li> <li>A service animal may be removed from</li> </ul>	handling, supervision, daily care, and health care of the service ndler's control at all times and have a harness, leash, or tether, cause of a disability to use a harness, leash, or other tether, or would interfere with the service animal's safe, effective in the educational process of any student and shall not pose a staff member, or other person. A service animal not meeting the DC School Board Policy 3.48 shall be excluded or removed from a SDOC district property if the service animal's presence service, program, or activity of the employee or student.
By signing my name below, I verify that the above information is complete and accurate to the best of my knowledge. I agree to comply with SDOC School Board Policy 3.48 – Service Animals. I understand that an accommodation is not in place until reviewed, granted approval, and an Accommodation Plan is developed. I understand that additional information may be requested to maintain up to date information and Accommodation Plan implementation. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.  REQUESTER SIGNATURE  Return this form to:	
	Karyle Green, Ed.D.
PRINT NAME	Chief Human Resources Officer
	karyle.green@osceolaschools.net

DATE

PLEASE ATTACH A COPY OF THE SERVICE ANIMAL'S VACCINATION RECORD