

South Carolina Department of Juvenile Justice
Accommodation/Exception Request Form

Rec'd _____
By _____

FACILITY LOCATION: ☐ CEDC ☐ JDC ☐ MEDC ☐ UEDC

SELECT ONE: ☐ Employee ☐ Non-Employee _____
(Organization/Business)

Please read carefully and fill out the form COMPLETELY!

You are requesting an accommodation and/or job exception to a procedure at a secure facility. Approval is only applicable to the specific accommodation/exception requested. If your request for a personal accommodation or job exception is approved, the item(s) must be secured at all times and can never be in proximity or visibility of youth, or any location where youth frequent. You and/or your personal property are subject to search. Any lost, misplaced, and/or damaged approved item(s) while on premises must immediately be reported. Approved accommodations/exceptions must be used for its intended purpose and not used in a capacity to violate any agency policy or operation procedures. SCDJJ is not responsible for lost, stolen, or damaged personal property. Authorization is associated and granted to individuals and not the specific vehicles. Drivers are responsible for content of vehicles, to ensure they do not possess any contraband or prohibited items. Vehicles and keys must be secured at all times with no access to youth, which includes avoiding parking in youth occupied areas. Failure to comply with any aspects of this agreement can result in this privilege being revoked. For SCDJJ employees, this may also include disciplinary actions, up to termination. The agency reserves the right to modify or revoke this authorization at any time. This authorization is valid for the current calendar year unless otherwise specified. All decisions are final. By signing below, you are acknowledging that you will adhere to these guidelines, if approved.

[PRINT - Requestor's Information]

Name: _____ Driver's License/State issued ID#(Non-Employees Only) _____

Employee Personnel #(Employees Only): _____ Job Title: _____

REQUEST OPTIONS
(Check all that apply)

1. ☐ Reasonable Accommodation

Note: Human Resources will request documentation for accommodations requested by employees. The Radiation Safety Officer will request documentation for accommodations requested by non-employees.

2. Job Exception

☐ Request to Drive on MEDC grounds ☐ State ☐ Personal ☐ Both

☐ Non-DJJ mobile device Phone number **and** carrier: _____

☐ Other (includes smart devices, etc.) Description: _____

Reason for request(s) required: Please attach a separate page if additional space is required.

Requestor's Signature and Date: _____

If the request is for a reasonable accommodation, the requestor must sign and date the form and then email to documentprocessing@dj.jsc.gov. If the request is for a job exception, the requestor must obtain the appropriate supervisory signatures prior to emailing to documentprocessing@dj.jsc.gov. Senior Manager/Deputy Director denials should be returned to the requestor.

☐ Approved ☐ Denied Name: _____ Signature: _____ Date: _____
Senior Manager/Associate Deputy/ Deputy Director

Request Status: Approved (Duration: _____) Denied (Does not meet facility security standards.)

Drive State Personal Both
Non-DJJ Mobile Device Phone number **and** carrier: () _____
Non-DJJ Laptop/Tablet Smart Watch/Device Body Scanner
Beverage Container Other

Human Resources Signature and Date (if applicable)*: _____

Radiation Safety Officer (RSO) Signature and Date (if applicable)**: _____

Facility Administrator Signature and Date (if applicable)***: _____

Security and Operations Deputy Director Signature and Date (if applicable)***: _____

Notification to Requestor and Supervisors: By: _____ Date: _____

Signature Key

*Reasonable Accommodation for Employees=HR signature

**Reasonable Accommodation for Non-Employees=RSO signature

***Job Exception for Employees/Non-Employees=Facility Administrator & Security & Operations Deputy Director Signatures

QR Code Received: _____
(Initial & Date)

QR Code Received: _____
(Initial & Date)