

ADA Request for Accommodation Form



A Member of The Texas A&M University System

Employee Name: _____

UIN: _____

Job Title: _____

Dept: _____

Supervisor: _____

Work Phone: _____

Work Schedule (*Days and Hours*): _____

"Applicants extended an offer of employment and employees who request an accommodation are responsible for obtaining a *medical statement* that contains a [1] diagnosis, [2] prognosis, and [3] the major life function that is substantially limited. This medical statement should include [4] an evaluation as to the effect that the impairment has on the employee's or prospective employee's ability to perform the duties associated with the position". System Regulation 08.01.01, subparagraph 6.4.

"The ADA defines *an individual with a disability* as a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities of such individual; (2) has a record of such impairment; or (3) is being regarded as having such an impairment." System Regulation 08.01.01, Definitions.

A. Questions to clarify accommodation requested.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. A qualified individual with a disability is entitled to an accommodation only when the accommodation is needed because of the disability.

"A *qualified individual with a disability* means an individual with a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires." System Regulation 08.01.01, Definitions.

"*Undue hardship* means an action requiring significant difficulty or expense, when considered in light of the following factors: (1) the nature and cost of the accommodation; (2) the overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility; effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility; (3) the overall financial resources of the covered entity with the respect to the number of its employees; the number, type and location of its facilities; and (4) the type of operation or operations of the covered entity, including the composition, structure, and functions of the workforce of such entity; the geographic separateness, and the administrative, or fiscal relationship of the facility or facilities in question to the covered entity." System Regulation 08.01.01, Definitions.

"*Reasonable accommodation* may include: making existing facilities used by employees, students, and the public readily accessible to and usable by individuals with disabilities; job structuring, part-time or modified schedules; reassignment to a vacant position, acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials, or policies; the provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities." System Regulation 08.01.01, Definitions.

What specific accommodation are you requesting? Please provide, if possible, a description (i.e., if you are requesting a piece of equipment or device, please provide description, manufacturer, cost, where to order, etc.).

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain in the space provided below.

Yes No

Is your accommodation request time-sensitive? If yes, please explain in the space provided below.

Yes No

B. Questions to document the reason for the accommodation request.

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations or job modifications in the past for the same limitation? If yes, what were they and how effective were they?

Yes No

If you are requesting an accommodation or job modification, how will that accommodation assist you?

C. Other

Please provide any additional information that might be useful in processing your accommodation request.

I give Texas A&M University-Kingsville permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate University personnel and/or my health care professional. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I understand that I will be required to provide appropriate documentation of my disability, including the impact of the limitations on my ability to perform the essential functions of my job. I further understand that the University has the right to determine which effective reasonable accommodation will be provided.

Employee Signature

Date