

# ADA Workplace Accommodation Request - EMPLOYEE FORM



**NOTE:** The information we are seeking relates only to any condition you may have that affects your ability to perform your essential job functions. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you and your medical provider not provide any genetic information when responding to this request for medical information.

Employee Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Schedule (Days and Hours): \_\_\_\_\_

“Applicants extended an offer of employment, employees, program participants and students who request an accommodation are responsible for obtaining a medical statement that contains a diagnosis, prognosis and the major life function that is substantially limited, unless the disability is visible and/or obvious. This medical statement should include an evaluation as to the effect that the disability has on the prospective employee’s or employee’s ability to perform the duties associated with the position or the participant’s or student’s ability to complete the educational program.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Section 8

The ADA defines an **individual with a disability** (IWD) 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. Also see *Definitions* under System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities.

## A. Questions to clarify the 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.

**“Qualified Individual”** means “a person who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires, or who can complete the requirements of an educational or training program without a fundamental alteration of that program.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Definitions

**“Undue Hardship”** means “an action requiring significant difficulty or expense when considered in light of the following factors: (a) the nature and cost of the accommodation needed; (b) 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, the effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility; (c) the overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees; the number, type, and location of its facilities; (d) 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, administrative or fiscal relationship of the facility or facilities in question to the covered entity; (e) the disruption to the employment or educational environment; and (f) the fundamental alteration of the nature or operation of the work or educational program.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Definitions

**“Reasonable Accommodation”** means “the removal of barriers (physical or non-physical) to enable individuals with disabilities to enjoy the same or similar opportunities, benefits, and privileges as individuals without disabilities, that do not impose undue hardship on the member.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, 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.)

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If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?  
 Yes       No      If yes, please explain.

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Is your accommodation request time-sensitive?    Yes    No   If yes, please explain.

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

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

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

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

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Have you had any accommodations or job modifications in the past for the same limitation?  Yes  No  
If yes, what were they and how effective were they?

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

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**C. Other**

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

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*I give Texas A&M University - Texarkana (TAMUT) permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act (ADA). This may include speaking to appropriate TAMUT 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 TAMUT has the right to determine which effective reasonable accommodation will be provided.*

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*Employee Signature*

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*Date*