



**Texas A&M University-Corpus Christi**  
 Employee Development and Compliance Services Department  
 6300 Ocean Drive, Corpus Christi Hall, Room 130, Corpus Christi, Texas 78412-5782  
 361-825-5826 Fax 361-825-5513

**ADA Request for Accommodation Form**

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

**Job Title:** \_\_\_\_\_ **Dept:** \_\_\_\_\_

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

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

A. 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? If yes, please explain in the space provided below.  Yes  No

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Is your accommodation request time-sensitive? If yes, please explain in the space provided below.  Yes  No

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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 limitation is interfering with your ability to perform your job?

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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 or job modification assist you to do your job?

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Is that accommodation or job modification needed only for a specific period of time?  Yes  No  
If so, please specify approximately how long it/they will be needed.

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**C. Other**

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

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*I give Texas A&M University-Corpus Christi permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act (ADA). 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 further understand that I may be asked to provide appropriate documentation of my disability, including the impact of the limitations on my ability to perform the essential functions of my job.*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*