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.).

___________________________________________________________________________

___________________________________________________________________________

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.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

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

___________________________________________________________________________

___________________________________________________________________________

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

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

___________________________________________________________________________

___________________________________________________________________________

What limitation is interfering with your ability to perform your job?

___________________________________________________________________________

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As of 10/2023
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?

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

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.

C. Other

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

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.