TEXAS A&M★ ENGINEERING
HUMAN RESOURCES

ADA Request for Accommodation Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact engineeringhr@tamu.edu or 979.458-7699.

INSTRUCTIONS This form is used by Engineering Human Resources to review requested accommodations submitted by employees in compliance with System Regulation 08.01.02 *Civil Rights Protections for Individuals with Disabilities*. ***Please do not use abbreviations on any of the fields.***

Employee Name (print)	UIN	Date
Supervisor Name (print)	Job Title	
Employee's Division **(Please do not abbreviate department name – print only)**	Employee's Phone	

Employee's Work schedule (*check all that apply*)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours _____

In accordance with Title I, Employment, of the Americans With Disabilities Act of 1990 (ADA), as amended, and Texas A&M University System Regulation 08.01.01, *Civil Rights Compliance,* Texas A&M Engineering will not discriminate against a qualified individual with a disability in matters such as job application procedures; hiring, advancement or discharge practices; compensation; job training; or other terms, conditions, and privileges of employment.

Employees 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. This medical statement should include 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.

A request for reasonable accommodation(s) cannot be denied without the review and concurrence of Engineering Human Resources.

Definitions

Disability – The term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such impairment; or being regarded as having such an impairment.

Qualified Individual – A qualified individual means an individual who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires.

Reasonable Accommodations – Reasonable accommodations may include making existing facilities used by employees, students and the public readily accessible to and usable by individuals with disabilities; job restructuring, part-time or modified work 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.

Undue Hardship – 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; and

(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.

1. **What specific accommodations 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.).**

   _____
   _____
   _____
   _____

2. **If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?**   ☐ Yes   ☐ No

   _____
   _____
   _____
   _____

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

   _____
   _____
   _____
   _____

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

   _____
   _____
   _____

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

   _____
   _____
   _____

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

_____
_____
_____

7. Have you ever 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

_____
_____
_____

8. If you are requesting an accommodation or job modification, how will that accommodation assist in doing the essential job functions of your job?

_____
_____
_____

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

_____
_____
_____
_____
_____

I give Texas A&M Engineering 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 my 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 name (print)

_____   _____
Employee name   (signature)   Date

SUBMIT FORM or for ASSISTANCE:
Texas A&M Engineering Human Resources
3467 TAMU College Station, TX 77843
engineeringhr@tamu.edu or Fax 979.458.7490