

**CONFIDENTIAL**  
All information shared with TTUHSCEP through the ADA/ADAAA  
evaluation  
and/or reasonable accommodation process will be maintained separate  
from personnel files and in accordance with all ADA requirements.

**REASONABLE ACCOMMODATION REQUEST**

Individuals who are employed by TTUHSCEP and are requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and ADAAA of 2008 (ADAAA) are encouraged to complete this form in its entirety. If you are unable to complete this form on your own, someone else may complete the form on your behalf. Completed forms are to be returned to your supervisor and a copy to your local Human Resources Office.

**To be completed by Employee:**

Tech ID (R#) _____	Request Date _____
Name _____	Email Address _____
Title _____	Department _____
Campus/Location _____	Telephone _____
Supervisor's Name _____	Supervisor's Telephone _____

**1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the impairment(s). Include the date of diagnosis.**

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**2. Explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your position according to your job description. If you are a new employee, state the anticipated difficulties you foresee in completing your job duties. Be as specific as possible regarding the job duties you are having difficulty performing or believe you will have difficulty performing. Please attach a copy of your job description.**

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**3. List the accommodation(s) you are requesting in order to perform your essential job functions.**

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## *Reasonable Accommodation Request*

4. Add any comments you believe may be helpful in our consideration of your request.

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5. Medical verification of the impairment(s) (check the appropriate box):

- I have enclosed the applicable medical documents with this request.
- The disability and need for a reasonable accommodation is obvious and no medical documentation is needed. Explain.

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**NOTE:** TTUHSCEP reserves the right to request documentation if the evaluator believes more information is needed to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.

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Employee Signature Date

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Supervisor Signature Date

**Instructions:** Forward this request and any accompanying documents, including the employee's position description, to the Executive Director of Human Resources through your respective Human Resources office.

***For HR Use Only***

\_\_\_\_\_ According to the ADAAA of 2008, the "rules of construction" have been considered during the reasonable accommodation request process.

Initial

- Reasonable accommodation request approved. Description of reasonable accommodation to be implemented:

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- Reasonable accommodation request denied. Reason: \_\_\_\_\_

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Decision letter sent to requestor on: \_\_\_\_\_ (date) via regular and certified mail.

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**HR Designee Date Request Completed**