

## **Accommodation Request Form**

This is a confidential form and will be submitted by the requesting applicant/employee directly to Human Resources. Only employees are expected to complete workplace information.

1.) REQUESTOR INFORMATION							
Name:							
	Given Name) Middle		Last (Family Na	Last (Family Name)		r other last name used	_
Home/Cell Pho	Office	Office Phone:					
Deportment							]
Department:		Supervisor:					
Position:			UIN:				
2.) NATURE OF QUALIFYING DISABILITY							
2 )	ED (SUBSECTED ASS	01400 471011					
3.) REQUESTED/SUGGESTED ACCOMODATION							
Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.  You may attach a separate sheet if necessary.							
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4.) PHYSICIAN CONTACT INFORMATION (Employees only)  The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations.							
rne physician ma	y receive a letter/rax ir	om us requesting information	n on your impairmen ¬	t/disability and	a recommend	accommodati	ons.
Physician Name	:		Name of Practic	e:			
Office Phone			Office Fa	x:			
Address		City		State		Zip Code	
AUTHORIZATION	ON and SIGNATURE						
I authorize the release of necessary confidential medical information regarding my disability to relevant hiring managers as deemed							
necessary by H	uman Resources.						
Signature:				ate:			
Note to signatory	v:						
• In non-physician review cases, decisions regarding accommodations will be made within 10 days of the receipt of this form by Human							

• In non-physician review cases, decisions regarding accommodations will be made within 10 days of the receipt of this form by Human Resources. Due to delays that may be caused in communications with physicians, no specific decision date can be provided for physician review cases.

If there are physical requirements are included in your position description you will be asked to review to ensure accuracy.

Questions: Contact Human Resources | 903-468-8741 | hr.accomodations@tamuc.edu